

2,286 ELIGIBLES		AID CODE 10		----- MONTHLY AVERAGE -----				
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,905	38,132	\$ 733,266.81	\$ 19.23	16.681	\$ 384.92	\$ 320.76	
@PHYSICIANS SERVICES	305	707	\$ 11,448.27	\$ 16.19	.309	\$ 37.54	\$ 5.01	
OUTPATIENT VISITS	2	2	48.00	24.00	.001	24.00	.02	
OFFICE VISITS	2	2	48.00	24.00	.001	24.00	.02	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	1	2	80.30	40.15	.001	80.30	.04	
EXAMINATIONS	1	2	80.30	40.15	.001	80.30	.04	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	1	28.23	28.23	.000	28.23	.01	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	302	702	11,291.74	16.09	.307	37.39	4.94	
@PHARMACY	1,591	23,053	\$ 480,285.29	\$ 20.83	10.084	\$ 301.88	\$ 210.10	
PRESCRIPTION DRUGS	1,553	6,110	468,438.14	76.67	2.673	301.63	204.92	
SNF/ICF	41	367	30,492.88	83.09	.161	743.73	13.34	
OUTPATIENTS	1,516	5,743	437,945.26	76.26	2.512	288.88	191.58	
MEDICAL SUPPLIES	144	16,943	11,847.15	.70	7.412	82.27	5.18	
@DENTIST	38	119	\$ 11,413.00	\$ 95.91	.052	\$ 300.34	\$ 4.99	
VISITS - DIAGNOSTIC	19	34	608.00	17.88	.015	32.00	.27	
ORAL SURGERY	5	36	1,901.00	52.81	.016	380.20	.83	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04	
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.02	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	3	3	177.00	59.00	.001	59.00	.08	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	19	43	8,572.00	199.35	.019	451.16	3.75	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00	

2,286 ELIGIBLES		AID CODE 10		----- MONTHLY AVERAGE -----				
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	43	108	\$ 2,173.38	\$ 20.12	.047	\$ 50.54	\$.95	
DIAGNOSTIC AND ANC. PROCED	10	12	433.62	36.14	.005	43.36	.19	
EYE APPLIANCES	34	93	1,593.66	17.14	.041	46.87	.70	
OTHER OPTOMETRIC SERVICES	4	3	146.10	48.70	.001	36.53	.06	
@CHIROPRACTOR	3	7	\$ 51.31	\$ 7.33	.003	\$ 17.10	\$.02	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	3	7	51.31	7.33	.003	17.10	.02	
@PODIATRIST	36	54	\$ 569.68	\$ 10.55	.024	\$ 15.82	\$.25	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	36	54	569.68	10.55	.024	15.82	.25	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	1	1	\$ 12.41	\$ 12.41	.000	\$ 12.41	\$.01	
@TOTAL HOSPITAL	176	436	\$ 49,551.71	\$ 113.65	.191	\$ 281.54	\$ 21.68	
HOSP INPATIENT TOTAL	38	8	41,497.16	5187.15	.003	1092.03	18.15	
HSC HOSPITALS	1	8	8,190.13	1023.77	.003	8190.13	3.58	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	37	0	33,307.03	.00	.000	900.19	14.57	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	164	428	8,054.55	18.82	.187	49.11	3.52	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	164	428	8,054.55	18.82	.187	49.11	3.52	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,243

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

2,286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	176	436	\$ 49,551.71	\$ 113.65	.191	\$ 281.54	\$ 21.68
COMM HOSP INPATIENT TOTAL	38	8	41,497.16	5187.15	.003	1092.03	18.15
HSC HOSPITALS	1	8	8,190.13	1023.77	.003	8190.13	3.58
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	37	0	33,307.03	.00	.000	900.19	14.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	164	428	8,054.55	18.82	.187	49.11	3.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	164	428	8,054.55	18.82	.187	49.11	3.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	40	897	\$ 133,983.79	\$ 149.37	.392	\$ 3349.59	\$ 58.61
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	40	897	133,983.79	149.37	.392	3349.59	58.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	40	\$ 435.38	\$ 10.88	.017	\$ 20.73	\$.19
PATHOLOGY	19	31	409.27	13.20	.014	21.54	.18
XO AND OTHERS	2	9	26.11	2.90	.004	13.06	.01
@ORGANIZED OUTPATIENT CLINIC	398	582	\$ 27,258.93	\$ 46.84	.255	\$ 68.49	\$ 11.92
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	8.52	8.52	.000	8.52	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	398	581	27,250.41	46.90	.254	68.47	11.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,244

2,286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	343	12,128	\$ 16,083.66	\$ 1.33	5.305	\$ 46.89	\$ 7.04
DURABLE MED. EQUIP.	7	9	409.97	45.55	.004	58.57	.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	1,976.52	494.13	.002	494.13	.86
MEDICAL TRANSPORTATION	13	279	517.95	1.86	.122	39.84	.23
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	4	234	422.36	1.80	.102	105.59	.18
OTHER SERVICES	9	45	95.59	2.12	.020	10.62	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	58	140	1,752.39	12.52	.061	30.21	.77
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	5	1,102.82	220.56	.002	220.56	.48
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	267	11,691	10,324.01	.88	5.114	38.67	4.52
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	663	1,948	\$ 91,250.35	\$ 46.84	.852	\$ 137.63	\$ 39.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,245

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	210	10,142	\$ 122,579.74	\$ 12.09	38.272	\$ 583.71	\$ 462.57
@PHYSICIANS SERVICES	44	114	\$ 6,654.55	\$ 58.37	.430	\$ 151.24	\$ 25.11
OUTPATIENT VISITS	15	21	931.19	44.34	.079	62.08	3.51
OFFICE VISITS	14	19	826.45	43.50	.072	59.03	3.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.004	44.60	.17
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	60.14	60.14	.004	60.14	.23
INPATIENT VISITS	4	15	1,016.56	67.77	.057	254.14	3.84
HOSPITAL VISITS	4	14	792.31	56.59	.053	198.08	2.99
CRITICAL CARE	1	1	224.25	224.25	.004	224.25	.85

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.004	37.15	.14
EXAMINATIONS	1	1		37.15	37.15	.004	37.15	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	4		203.87	50.97	.015	50.97	.77
PRINCIPAL SURGEON	4	4		203.87	50.97	.015	50.97	.77
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	2		5.14	2.57	.008	2.57	.02
RADIOLOGY	7	8		60.94	7.62	.030	8.71	.23
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	20		3,218.30	160.92	.075	804.58	12.14
OTHER SERVICES/ALL X-OVERS	29	43		1,181.40	27.47	.162	40.74	4.46
@PHARMACY	188	9,593	\$	85,173.88	\$ 8.88	36.200	\$ 453.05	\$ 321.41
PRESCRIPTION DRUGS	183	793		78,912.14	99.51	2.992	431.21	297.78
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	183	793		78,912.14	99.51	2.992	431.21	297.78
MEDICAL SUPPLIES	46	8,800		6,261.74	.71	33.208	136.12	23.63
@DENTIST	2	31	\$	1,361.00	\$ 43.90	.117	\$ 680.50	\$ 5.14
VISITS - DIAGNOSTIC	2	8		174.00	21.75	.030	87.00	.66
ORAL SURGERY	1	22		1,087.00	49.41	.083	1087.00	4.10
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.004	100.00	.38
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,246
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	11	\$ 1,014.25	\$ 92.20	.042	\$ 202.85	\$ 3.83
DIAGNOSTIC AND ANC. PROCED	3	3	113.55	37.85	.011	37.85	.43
EYE APPLIANCES	4	8	900.70	112.59	.030	225.18	3.40
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 24.00	\$ 24.00	.004	\$ 24.00	\$.09
MEDICINE/INJECTIONS	1	1	24.00	24.00	.004	24.00	.09
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	3	\$ 71.85	\$ 23.95	.011	\$ 71.85	\$.27
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	33	135	\$ 10,046.61	\$ 74.42	.509	\$ 304.44	\$ 37.91
HOSP INPATIENT TOTAL	2	5	6,889.20	1377.84	.019	3444.60	26.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	5	6,366.15	1273.23	.019	6366.15	24.02
ACCOMMODATIONS	1	5	2,799.90	559.98	.019	2799.90	10.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,799.90	559.98	.019	2799.90	10.57
ANCILLARIES	1	0	3,566.25	.00	.000	3566.25	13.46
INPATIENT CROSSOVERS	1	0	523.05	.00	.000	523.05	1.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	130	3,157.41	24.29	.491	101.85	11.91
MEDICAL	8	16	858.42	53.65	.060	107.30	3.24
SURGERY	1	1	67.33	67.33	.004	67.33	.25
PATHOLOGY	8	35	390.60	11.16	.132	48.83	1.47
RADIOLOGY	9	13	342.90	26.38	.049	38.10	1.29
ROOM USE	13	17	694.76	40.87	.064	53.44	2.62
CROSSOVERS/ALL OTH OUTPTNT	23	48	803.40	16.74	.181	34.93	3.03
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,247
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	33	135	\$ 10,046.61	\$ 74.42	.509	\$ 304.44	\$ 37.91	
COMM HOSP INPATIENT TOTAL	2	5	6,889.20	1377.84	.019	3444.60	26.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	5	6,366.15	1273.23	.019	6366.15	24.02	
ACCOMMODATIONS	1	5	2,799.90	559.98	.019	2799.90	10.57	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	5	2,799.90	559.98	.019	2799.90	10.57	
ANCILLARIES	1	0	3,566.25	.00	.000	3566.25	13.46	
INPATIENT CROSSOVERS	1	0	523.05	.00	.000	523.05	1.97	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	31	130	3,157.41	24.29	.491	101.85	11.91	
MEDICAL	8	16	858.42	53.65	.060	107.30	3.24	
SURGERY	1	1	67.33	67.33	.004	67.33	.25	
PATHOLOGY	8	35	390.60	11.16	.132	48.83	1.47	
RADIOLOGY	9	13	342.90	26.38	.049	38.10	1.29	
ROOM USE	13	17	694.76	40.87	.064	53.44	2.62	
CROSSOVERS/ALL OTH OUTPTNT	23	48	803.40	16.74	.181	34.93	3.03	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	6	6	\$ 60.13	\$ 10.02	.023	\$ 10.02	\$.23	
PATHOLOGY	6	6	60.13	10.02	.023	10.02	.23	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	

@ORGANIZED OUTPATIENT CLINIC	38	45	\$	3,110.63	\$	69.13	.170	\$	81.86	\$	11.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	38	45		3,110.63		69.13	.170		81.86		11.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,248
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	203	\$ 15,062.84	\$ 74.20	.766	\$ 537.96	\$ 56.84
DURABLE MED. EQUIP.	5	20	9,162.56	458.13	.075	1832.51	34.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	102	2,813.16	27.58	.385	562.63	10.62
AMBULANCES/AIR TRANS	5	101	1,538.16	15.23	.381	307.63	5.80
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.004	1275.00	4.81
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	1,664.21	208.03	.030	416.05	6.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	926.74	154.46	.023	926.74	3.50
PROSTHETICS	1	6	926.74	154.46	.023	926.74	3.50
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	67	496.17	7.41	.253	35.44	1.87
@CALIF. CHILDREN SERVICES*	16	206	\$ 16,495.08	\$ 80.07	.777	\$ 1030.94	\$ 62.25
@XOVER EXCLUDING STATE HOSP**	52	910	\$ 4,207.90	\$ 4.62	3.434	\$ 80.92	\$ 15.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,249
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

21,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19,779	457,139	\$ 13,716,542.80	\$ 30.01	21.120	\$ 693.49	\$ 633.70
@PHYSICIANS SERVICES	3,987	11,277	\$ 431,425.93	\$ 38.26	.521	\$ 108.21	\$ 19.93
OUTPATIENT VISITS	1,206	1,696	60,443.24	35.64	.078	50.12	2.79
OFFICE VISITS	1,048	1,449	48,837.20	33.70	.067	46.60	2.26
HOME VISITS	2	2	44.10	22.05	.000	22.05	.00
EMERGENCY ROOM	126	168	9,614.64	57.23	.008	76.31	.44

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	17	272.37	16.02	.001	45.40	.01
OTHER OUTPATIENT	53	60	1,674.93	27.92	.003	31.60	.08
INPATIENT VISITS	161	699	43,021.91	61.55	.032	267.22	1.99
HOSPITAL VISITS	144	528	23,288.25	44.11	.024	161.72	1.08
CRITICAL CARE	15	152	18,883.86	124.24	.007	1258.92	.87
SNF/ICF/TRANS IP CARE	16	19	849.80	44.73	.001	53.11	.04
OPHTHALMOLOGICAL SERVICES	117	152	6,059.77	39.87	.007	51.79	.28
EXAMINATIONS	117	152	6,059.77	39.87	.007	51.79	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	141	888	77,103.74	86.83	.041	546.84	3.56
PRINCIPAL SURGEON	108	159	62,583.84	393.61	.007	579.48	2.89
ASSISTANT SURGEON	16	15	2,839.07	189.27	.001	177.44	.13
ANESTHESIOLOGIST	37	714	11,680.83	16.36	.033	315.70	.54
OUTPATIENT SURGERY	348	717	91,876.00	128.14	.033	264.01	4.24
PRINCIPAL SURGEON	332	469	87,135.92	185.79	.022	262.46	4.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	27	248	4,740.08	19.11	.011	175.56	.22
DIALYSIS	14	53	4,019.40	75.84	.002	287.10	.19
PATHOLOGY	358	648	11,155.38	17.22	.030	31.16	.52
RADIOLOGY	1,353	2,394	60,637.30	25.33	.111	44.82	2.80
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	66	204	11,546.94	56.60	.009	174.95	.53
OTHER SERVICES/ALL X-OVERS	1,506	3,826	65,562.25	17.14	.177	43.53	3.03
@PHARMACY	14,657	214,741	\$ 7,092,218.77	\$ 33.03	9.921	\$ 483.88	\$ 327.66
PRESCRIPTION DRUGS	14,433	62,021	6,943,451.75	111.95	2.865	481.08	320.79
SNF/ICF	104	1,305	131,346.21	100.65	.060	1262.94	6.07
OUTPATIENTS	14,343	60,716	6,812,105.54	112.20	2.805	474.94	314.72
MEDICAL SUPPLIES	1,291	152,720	148,767.02	.97	7.056	115.23	6.87
@DENTIST	333	1,609	\$ 77,264.92	\$ 48.02	.074	\$ 232.03	\$ 3.57
VISITS - DIAGNOSTIC	241	765	11,475.90	15.00	.035	47.62	.53
ORAL SURGERY	70	444	24,447.00	55.06	.021	349.24	1.13
DRUGS	2	3	.00	.00	.000	.00	.00
ANESTHESIA	30	30	3,000.00	100.00	.001	100.00	.14
PERIODONTICS	4	4	253.00	63.25	.000	63.25	.01
ENDODONTICS	14	35	6,497.00	185.63	.002	464.07	.30
RESTORATIVE DENTISTRY	65	172	8,517.00	49.52	.008	131.03	.39
PROSTHETICS	4	4	140.00	35.00	.000	35.00	.01
DENTURES, STAYPLATES	65	108	22,765.02	210.79	.005	350.23	1.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	100.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	70.00	23.33	.000	23.33	.00
ALL OTHER SERVICES	9	39	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,250
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

21,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	610	1,650	\$ 36,192.10	\$ 21.93	.076	\$ 59.33	\$ 1.67
DIAGNOSTIC AND ANC. PROCED	329	367	14,479.92	39.45	.017	44.01	.67
EYE APPLIANCES	468	1,267	21,148.99	16.69	.059	45.19	.98
OTHER OPTOMETRIC SERVICES	16	16	563.19	35.20	.001	35.20	.03
@CHIROPRACTOR	210	401	\$ 6,625.44	\$ 16.52	.019	\$ 31.55	\$.31
VISITS	199	385	6,395.40	16.61	.018	32.14	.30

OTHER SERVICES	11	16		230.04		14.38	.001	20.91		.01
@PODIATRIST	158	222	\$	5,154.38	\$	23.22	.010	\$ 32.62	\$	.24
MEDICINE/INJECTIONS	87	104		3,124.50		30.04	.005	35.91		.14
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	6	11		188.59		17.14	.001	31.43		.01
OTHER	72	107		1,841.29		17.21	.005	25.57		.09
@HOME HEALTH AGENCY	77	699	\$	47,933.67	\$	68.57	.032	\$ 622.52	\$	2.21
NURSE ANESTHESIST	164	786	\$	15,798.38	\$	20.10	.036	\$ 96.33	\$	.73
NURSE MIDWIFE	14	27	\$	4,645.66	\$	172.06	.001	\$ 331.83	\$	.21
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20	.000	\$ 57.20	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$	81.20	\$	40.60	.000	\$ 40.60	\$	.00
@TOTAL HOSPITAL	4,213	22,744	\$	3,959,452.21	\$	174.09	1.051	\$ 939.82	\$	182.93
HOSP INPATIENT TOTAL	388	1,312		3,216,107.92		2451.30	.061	8288.94		148.58
HSC HOSPITALS	23	165		260,142.50		1576.62	.008	11310.54		12.02
NON-HSC HOSPITAL TOTAL	247	1,147		2,852,643.48		2487.05	.053	11549.16		131.79
ACCOMMODATIONS	247	1,147		923,402.71		805.06	.053	3738.47		42.66
ADMINISTRATIVE DAYS	1	14		9,345.00		667.50	.001	9345.00		.43
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	247	1,133		914,057.71		806.76	.052	3700.64		42.23
ANCILLARIES	247	0		1,929,240.77		.00	.000	7810.69		89.13
INPATIENT CROSSEOVERS	122	0		103,321.94		.00	.000	846.90		4.77
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4,058	21,432		743,344.29		34.68	.990	183.18		34.34
MEDICAL	1,599	3,151		241,320.03		76.59	.146	150.92		11.15
SURGERY	360	462		23,577.29		51.03	.021	65.49		1.09
PATHOLOGY	1,547	6,745		79,395.09		11.77	.312	51.32		3.67
RADIOLOGY	1,452	2,176		167,195.34		76.84	.101	115.15		7.72
ROOM USE	1,625	2,778		115,495.33		41.57	.128	71.07		5.34
CROSSEOVERS/ALL OTH OUTPTNT	2,104	6,120		116,361.21		19.01	.283	55.30		5.38
@COUNTY HOSPITAL TOTAL	17	58	\$	12,276.84	\$	211.67	.003	\$ 722.17	\$	.57
CO HOSPITAL INPATIENT TOTAL	2	8		10,490.00		1311.25	.000	5245.00		.48
HSC HOSPITALS	2	8		10,490.00		1311.25	.000	5245.00		.48

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	50	1,786.84	35.74	.002	111.68	.08
MEDICAL	4	5	267.19	53.44	.000	66.80	.01
SURGERY	2	2	70.27	35.14	.000	35.14	.00
PATHOLOGY	5	22	241.91	11.00	.001	48.38	.01
RADIOLOGY	2	5	592.54	118.51	.000	296.27	.03
ROOM USE	6	9	457.29	50.81	.000	76.22	.02
CROSSOVERS/ALL OTH OUTPTNT	4	7	157.64	22.52	.000	39.41	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,251
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
21,645 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	4,198	22,686	\$ 3,947,175.37	\$ 173.99	1.048	\$ 940.25	\$ 182.36
COMM HOSP INPATIENT TOTAL	386	1,304	3,205,617.92	2458.30	.060	8304.71	148.10
HSC HOSPITALS	21	157	249,652.50	1590.14	.007	11888.21	11.53
NON-HSC HOSPITALS TOTAL	247	1,147	2,852,643.48	2487.05	.053	11549.16	131.79
ACCOMMODATIONS	247	1,147	923,402.71	805.06	.053	3738.47	42.66
ADMINISTRATIVE DAYS	1	14	9,345.00	667.50	.001	9345.00	.43
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	247	1,133	914,057.71	806.76	.052	3700.64	42.23
ANCILLARIES	247	0	1,929,240.77	.00	.000	7810.69	89.13
INPATIENT CROSSOVERS	122	0	103,321.94	.00	.000	846.90	4.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,044	21,382	741,557.45	34.68	.988	183.37	34.26
MEDICAL	1,595	3,146	241,052.84	76.62	.145	151.13	11.14
SURGERY	358	460	23,507.02	51.10	.021	65.66	1.09
PATHOLOGY	1,543	6,723	79,153.18	11.77	.311	51.30	3.66
RADIOLOGY	1,450	2,171	166,602.80	76.74	.100	114.90	7.70
ROOM USE	1,621	2,769	115,038.04	41.54	.128	70.97	5.31
CROSSOVERS/ALL OTH OUTPTNT	2,101	6,113	116,203.57	19.01	.282	55.31	5.37
@STATE HOSPITAL	5	152	\$ 106,678.16	\$ 701.83	.007	\$ 21335.63	\$ 4.93
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	5	152	106,678.16	701.83	.007	21335.63	4.93
@NURSING FACILITY	70	1,602	\$ 212,607.47	\$ 132.71	.074	\$ 3037.25	\$ 9.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	30	3,759.60	125.32	.001	3759.60	.17
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	69	1,572	208,847.87	132.85	.073	3026.78	9.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	401	\$ 48,868.62	\$ 121.87	.019	\$ 904.97	\$ 2.26
HOSPITAL BASED	1	7	279.06	39.87	.000	279.06	.01
HEMODIALYSIS CENTER	53	394	48,589.56	123.32	.018	916.78	2.24

@REHABILITATION FACILITY	26	242	\$	5,373.80	\$	22.21	.011	\$	206.68	\$	.25
HOSPITAL BASED	25	239		5,324.56		22.28	.011		212.98		.25
INDEPENDENT FACILITY	1	3		49.24		16.41	.000		49.24		.00
@LABORATORY FACILITY	1,361	4,723	\$	59,850.15	\$	12.67	.218	\$	43.98	\$	2.77
PATHOLOGY	1,358	4,713		59,734.70		12.67	.218		43.99		2.76
XO AND OTHERS	3	10		115.45		11.55	.000		38.48		.01
@ORGANIZED OUTPATIENT CLINIC	7,170	11,611	\$	1,005,456.31	\$	86.60	.536	\$	140.23	\$	46.45
CLINIC	24	56		2,669.28		47.67	.003		111.22		.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7,150	11,555		1,002,787.03		86.78	.534		140.25		46.33

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,252
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
21,645 ELIGIBLES							
@ALL OTHER PROVIDERS	2,584	184,249	\$ 600,858.43	\$ 3.26	8.512	\$ 232.53	\$ 27.76
DURABLE MED. EQUIP.	179	949	78,931.08	83.17	.044	440.96	3.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5	1,987.54	397.51	.000	397.51	.09
MEDICAL TRANSPORTATION	578	111,510	310,014.80	2.78	5.152	536.36	14.32
AMBULANCES/AIR TRANS	480	14,338	134,736.69	9.40	.662	280.70	6.22
OTHER TRANS	72	95,701	140,982.24	1.47	4.421	1958.09	6.51
OTHER SERVICES	69	1,471	34,295.87	23.31	.068	497.04	1.58
ACUPUNCTURE	7	18	302.77	16.82	.001	43.25	.01
ADULT DAY HEALTH CARE CTR	13	249	17,301.08	69.48	.012	1330.85	.80
GENETIC DISEASE TESTING	7	7	735.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	8	28	4,943.40	176.55	.001	617.93	.23
OCCUPATIONAL THERAPIST	2	18	277.75	15.43	.001	138.88	.01
OPTICIAN	553	1,292	13,915.66	10.77	.060	25.16	.64
PHYSICAL THERAPIST	217	2,087	30,639.58	14.68	.096	141.20	1.42
PORTABLE X-RAY	1	2	1.50	.75	.000	1.50	.00
PROSTHETIST/ORTHOTISTS	34	110	32,287.71	293.52	.005	949.64	1.49
PROSTHETICS	34	110	32,287.71	293.52	.005	949.64	1.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	142	4,669.09	32.88	.007	150.62	.22
HOSPICE SERVICES	1	3	376.74	125.58	.000	376.74	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	252	5,988	47,528.06	7.94	.277	188.60	2.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	888	61,841	56,946.67	.92	2.857	64.13	2.63
@CALIF. CHILDREN SERVICES*	106	2,578	\$ 217,097.41	\$ 84.21	.119	\$ 2048.09	\$ 10.03
@XOVER EXCLUDING STATE HOSP**	2,225	15,326	\$ 262,861.10	\$ 17.15	.708	\$ 118.14	\$ 12.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,253
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
26,556 ELIGIBLES							

@TOTAL, ALL PROVIDERS	14,970	74,332	\$	3,984,771.70	\$	53.61	2.799	\$	266.18	\$	150.05	
@PHYSICIANS SERVICES	2,232	4,999	\$	183,794.40	\$	36.77	.188	\$	82.35	\$	6.92	
OUTPATIENT VISITS	816	1,031		37,540.01		36.41	.039		46.00		1.41	
OFFICE VISITS	693	867		29,719.82		34.28	.033		42.89		1.12	
HOME VISITS	1	1		27.49		27.49	.000		27.49		.00	
EMERGENCY ROOM	94	109		5,811.17		53.31	.004		61.82		.22	
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00	
OB VISITS/COMPRE PERI	4	14		586.43		41.89	.001		146.61		.02	
OTHER OUTPATIENT	38	40		1,395.10		34.88	.002		36.71		.05	
INPATIENT VISITS	84	221		13,635.32		61.70	.008		162.33		.51	
HOSPITAL VISITS	81	195		9,982.88		51.19	.007		123.25		.38	
CRITICAL CARE	9	26		3,652.44		140.48	.001		405.83		.14	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00	
OPHTHALMOLOGICAL SERVICES	26	29		1,165.70		40.20	.001		44.83		.04	
EXAMINATIONS	26	29		1,165.70		40.20	.001		44.83		.04	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00	
INPATIENT HOSPITAL SURGERY	71	206		34,713.27		168.51	.008		488.92		1.31	
PRINCIPAL SURGEON	57	70		28,977.57		413.97	.003		508.38		1.09	
ASSISTANT SURGEON	9	9		2,596.03		288.45	.000		288.45		.10	
ANESTHESIOLOGIST	13	127		3,139.67		24.72	.005		241.51		.12	
OUTPATIENT SURGERY	204	463		41,797.36		90.28	.017		204.89		1.57	
PRINCIPAL SURGEON	187	281		38,289.70		136.26	.011		204.76		1.44	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	21	182		3,507.66		19.27	.007		167.03		.13	
DIALYSIS	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	197	318		5,752.91		18.09	.012		29.20		.22	
RADIOLOGY	1,052	1,475		30,878.62		20.93	.056		29.35		1.16	
PSYCHIATRY	0	0		.00		.00	.000		.00		.00	
IMMUNIZATION AND INJECTION	128	271		2,258.58		8.33	.010		17.65		.09	
OTHER SERVICES/ALL X-OVERS	278	985		16,052.63		16.30	.037		57.74		.60	
@PHARMACY	6,963	21,879	\$	964,833.78	\$	44.10	.824	\$	138.57	\$	36.33	
PRESCRIPTION DRUGS	6,921	16,764		950,132.95		56.68	.631		137.28		35.78	
SNF/ICF	0	0		.00		.00	.000		.00		.00	
OUTPATIENTS	6,921	16,764		950,132.95		56.68	.631		137.28		35.78	
MEDICAL SUPPLIES	149	5,115		14,700.83		2.87	.193		98.66		.55	
@DENTIST	344	2,466	\$	90,367.97	\$	36.65	.093	\$	262.70	\$	3.40	
VISITS - DIAGNOSTIC	268	1,245		21,438.70		17.22	.047		80.00		.81	
ORAL SURGERY	88	364		23,414.75		64.33	.014		266.08		.88	
DRUGS	3	4		.00		.00	.000		.00		.00	
ANESTHESIA	25	25		2,400.00		96.00	.001		96.00		.09	
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.00	
ENDODONTICS	41	90		9,071.00		100.79	.003		221.24		.34	
RESTORATIVE DENTISTRY	115	519		26,600.25		51.25	.020		231.31		1.00	
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00	
DENTURES, STAYPLATES	12	26		5,308.27		204.16	.001		442.36		.20	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	6	6		300.00		50.00	.000		50.00		.01	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	17	19		1,450.00		76.32	.001		85.29		.05	
ALL OTHER SERVICES	19	166		300.00		1.81	.006		15.79		.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE	2,254
MOP024	FEE-FOR-SERVICE/DENTAL											03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G											

26,556 ELIGIBLES

USERS UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER COST PER
PER ELIG USER ELIGIBLE

@OPTOMETRIST	412	1,064	\$	23,843.20	\$	22.41	.040	\$	57.87	\$	.90
DIAGNOSTIC AND ANC. PROCED	292	338		13,027.65		38.54	.013		44.62		.49
EYE APPLIANCES	271	726		10,815.55		14.90	.027		39.91		.41
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	106	178	\$	2,930.18	\$	16.46	.007	\$	27.64	\$	.11
VISITS	106	178		2,930.18		16.46	.007		27.64		.11
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	51	71	\$	2,726.02	\$	38.39	.003	\$	53.45	\$	.10
MEDICINE/INJECTIONS	49	61		2,238.48		36.70	.002		45.68		.08
SURGERY/ANES.	3	3		210.35		70.12	.000		70.12		.01
RADIO./PATHOLOGY	3	5		86.50		17.30	.000		28.83		.00
OTHER	1	2		190.69		95.35	.000		190.69		.01
@HOME HEALTH AGENCY	14	68	\$	4,302.85	\$	63.28	.003	\$	307.35	\$	.16
NURSE ANESTHESIST	165	922	\$	16,476.69	\$	17.87	.035	\$	99.86	\$	.62
NURSE MIDWIFE	66	134	\$	23,135.85	\$	172.66	.005	\$	350.54	\$	.87
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	74.22	\$	24.74	.000	\$	24.74	\$	.00
@TOTAL HOSPITAL	3,607	18,389	\$	1,508,091.87	\$	82.01	.692	\$	418.10	\$	56.79
HOSP INPATIENT TOTAL	174	563		921,150.35		1636.15	.021		5293.97		34.69
HSC HOSPITALS	16	60		96,349.00		1605.82	.002		6021.81		3.63
NON-HSC HOSPITAL TOTAL	157	503		823,925.35		1638.02	.019		5247.93		31.03
ACCOMMODATIONS	157	503		337,571.55		671.12	.019		2150.14		12.71
ADMINISTRATIVE DAYS	1	2		231.30		115.65	.000		231.30		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	157	501		337,340.25		673.33	.019		2148.66		12.70
ANCILLARIES	157	0		486,353.80		.00	.000		3097.79		18.31
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,513	17,826		586,941.52		32.93	.671		167.08		22.10
MEDICAL	1,902	2,631		154,757.16		58.82	.099		81.37		5.83
SURGERY	403	532		29,885.41		56.18	.020		74.16		1.13
PATHOLOGY	1,334	4,844		61,552.23		12.71	.182		46.14		2.32
RADIOLOGY	1,209	1,648		105,698.64		64.14	.062		87.43		3.98
ROOM USE	2,250	3,262		128,349.91		39.35	.123		57.04		4.83
CROSSOVERS/ALL OTH OUTPTNT	1,632	4,909		106,698.17		21.74	.185		65.38		4.02
@COUNTY HOSPITAL TOTAL	3	24	\$	754.42	\$	31.43	.001	\$	251.47	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	24		754.42		31.43	.001		251.47		.03
MEDICAL	2	2		145.71		72.86	.000		72.86		.01
SURGERY	1	2		61.20		30.60	.000		61.20		.00
PATHOLOGY	1	8		146.91		18.36	.000		146.91		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3	6		334.66		55.78	.000		111.55		.01
CROSSOVERS/ALL OTH OUTPTNT	1	6		65.94		10.99	.000		65.94		.00

26,556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,605	18,365	\$ 1,507,337.45	\$ 82.08	.692	\$ 418.12	\$ 56.76
COMM HOSP INPATIENT TOTAL	174	563	921,150.35	1636.15	.021	5293.97	34.69
HSC HOSPITALS	16	60	96,349.00	1605.82	.002	6021.81	3.63
NON-HSC HOSPITALS TOTAL	157	503	823,925.35	1638.02	.019	5247.93	31.03
ACCOMMODATIONS	157	503	337,571.55	671.12	.019	2150.14	12.71
ADMINISTRATIVE DAYS	1	2	231.30	115.65	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	157	501	337,340.25	673.33	.019	2148.66	12.70
ANCILLARIES	157	0	486,353.80	.00	.000	3097.79	18.31
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,511	17,802	586,187.10	32.93	.670	166.96	22.07
MEDICAL	1,900	2,629	154,611.45	58.81	.099	81.37	5.82
SURGERY	402	530	29,824.21	56.27	.020	74.19	1.12
PATHOLOGY	1,334	4,836	61,405.32	12.70	.182	46.03	2.31
RADIOLOGY	1,209	1,648	105,698.64	64.14	.062	87.43	3.98
ROOM USE	2,248	3,256	128,015.25	39.32	.123	56.95	4.82
CROSSOVERS/ALL OTH OUTPTNT	1,632	4,903	106,632.23	21.75	.185	65.34	4.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	20	151	\$ 3,369.24	\$ 22.31	.006	\$ 168.46	\$.13
HOSPITAL BASED	20	151	3,369.24	22.31	.006	168.46	.13
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	876	2,537	\$ 36,334.85	\$ 14.32	.096	\$ 41.48	\$ 1.37
PATHOLOGY	876	2,537	36,334.85	14.32	.096	41.48	1.37
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,954	9,625	\$ 1,004,387.77	\$ 104.35	.362	\$ 144.43	\$ 37.82
CLINIC	33	118	4,763.39	40.37	.004	144.35	.18
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6,926	9,507	999,624.38	105.15	.358	144.33	37.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	26,556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,016	11,846	\$	120,102.81	\$ 10.14	.446	\$ 118.21	\$ 4.52
DURABLE MED. EQUIP.	25	32		2,468.05	77.13	.001	98.72	.09
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	153	4,116		57,348.44	13.93	.155	374.83	2.16
AMBULANCES/AIR TRANS	153	4,104		45,843.80	11.17	.155	299.63	1.73
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	12	12		11,504.64	958.72	.000	958.72	.43
ACUPUNCTURE	2	4		64.88	16.22	.000	32.44	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31	31		3,255.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	255	541		4,618.41	8.54	.020	18.11	.17
PHYSICAL THERAPIST	93	616		9,703.82	15.75	.023	104.34	.37
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	30		2,904.72	96.82	.001	170.87	.11
PROSTHETICS	17	30		2,904.72	96.82	.001	170.87	.11
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	45	126		5,077.96	40.30	.005	112.84	.19
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	352	2,737		31,920.10	11.66	.103	90.68	1.20
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	61	3,613		2,741.43	.76	.136	44.94	.10
@CALIF. CHILDREN SERVICES*	57	375	\$	76,717.76	\$ 204.58	.014	\$ 1345.93	\$ 2.89
@XOVER EXCLUDING STATE HOSP**	2	15	\$	1,021.73	\$ 68.12	.001	\$ 510.87	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

50,752 ELIGIBLES						----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	36,864	579,745	\$ 18,557,161.05	\$ 32.01	11.423	\$ 503.40	\$ 365.64		
@PHYSICIANS SERVICES	6,568	17,097	\$ 633,323.15	\$ 37.04	.337	\$ 96.43	\$ 12.48		
OUTPATIENT VISITS	2,039	2,750	98,962.44	35.99	.054	48.53	1.95		
OFFICE VISITS	1,757	2,337	79,431.47	33.99	.046	45.21	1.57		
HOME VISITS	3	3	71.59	23.86	.000	23.86	.00		
EMERGENCY ROOM	221	278	15,470.41	55.65	.005	70.00	.30		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	10	31	858.80	27.70	.001	85.88	.02		
OTHER OUTPATIENT	92	101	3,130.17	30.99	.002	34.02	.06		
INPATIENT VISITS	249	935	57,673.79	61.68	.018	231.62	1.14		
HOSPITAL VISITS	229	737	34,063.44	46.22	.015	148.75	.67		
CRITICAL CARE	25	179	22,760.55	127.15	.004	910.42	.45		
SNF/ICF/TRANS IP CARE	16	19	849.80	44.73	.000	53.11	.02		
OPHTHALMOLOGICAL SERVICES	145	184	7,342.92	39.91	.004	50.64	.14		
EXAMINATIONS	145	184	7,342.92	39.91	.004	50.64	.14		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	212	1,094	111,817.01	102.21	.022	527.44	2.20		
PRINCIPAL SURGEON	165	229	91,561.41	399.83	.005	554.92	1.80		
ASSISTANT SURGEON	25	24	5,435.10	226.46	.000	217.40	.11		
ANESTHESIOLOGIST	50	841	14,820.50	17.62	.017	296.41	.29		
OUTPATIENT SURGERY	556	1,184	133,877.23	113.07	.023	240.79	2.64		
PRINCIPAL SURGEON	523	754	125,629.49	166.62	.015	240.21	2.48		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	48	430	8,247.74	19.18	.008	171.83	.16		
DIALYSIS	14	53	4,019.40	75.84	.001	287.10	.08		
PATHOLOGY	557	968	16,913.43	17.47	.019	30.37	.33		
RADIOLOGY	2,413	3,878	91,605.09	23.62	.076	37.96	1.80		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	198	495	17,023.82	34.39	.010	85.98	.34		
OTHER SERVICES/ALL X-OVERS	2,115	5,556	94,088.02	16.93	.109	44.49	1.85		
@PHARMACY	23,399	269,266	\$ 8,622,511.72	\$ 32.02	5.306	\$ 368.50	\$ 169.90		
PRESCRIPTION DRUGS	23,090	85,688	8,440,934.98	98.51	1.688	365.57	166.32		
SNF/ICF	145	1,672	161,839.09	96.79	.033	1116.13	3.19		
OUTPATIENTS	22,963	84,016	8,279,095.89	98.54	1.655	360.54	163.13		
MEDICAL SUPPLIES	1,630	183,578	181,576.74	.99	3.617	111.40	3.58		
@DENTIST	717	4,225	\$ 180,406.89	\$ 42.70	.083	\$ 251.61	\$ 3.55		
VISITS - DIAGNOSTIC	530	2,052	33,696.60	16.42	.040	63.58	.66		
ORAL SURGERY	164	866	50,849.75	58.72	.017	310.06	1.00		
DRUGS	5	7	.00	.00	.000	.00	.00		
ANESTHESIA	57	57	5,600.00	98.25	.001	98.25	.11		
PERIODONTICS	6	6	363.00	60.50	.000	60.50	.01		
ENDODONTICS	55	125	15,568.00	124.54	.002	283.05	.31		
RESTORATIVE DENTISTRY	183	694	35,294.25	50.86	.014	192.86	.70		
PROSTHETICS	5	5	170.00	34.00	.000	34.00	.00		
DENTURES, STAYPLATES	96	177	36,645.29	207.04	.003	381.72	.72		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	8	8	400.00	50.00	.000	50.00	.01		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	20	22	1,520.00	69.09	.000	76.00	.03		
ALL OTHER SERVICES	29	206	300.00	1.46	.004	10.34	.01		

50,752 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,070	2,833	\$	63,222.93	\$ 22.32	.056	\$ 59.09	\$ 1.25
DIAGNOSTIC AND ANC. PROCED	634	720		28,054.74	38.96	.014	44.25	.55
EYE APPLIANCES	777	2,094		34,458.90	16.46	.041	44.35	.68
OTHER OPTOMETRIC SERVICES	20	19		709.29	37.33	.000	35.46	.01
@CHIROPRACTOR	319	586	\$	9,606.93	\$ 16.39	.012	\$ 30.12	\$.19
VISITS	305	563		9,325.58	16.56	.011	30.58	.18
OTHER SERVICES	14	23		281.35	12.23	.000	20.10	.01
@PODIATRIST	246	348	\$	8,474.08	\$ 24.35	.007	\$ 34.45	\$.17
MEDICINE/INJECTIONS	137	166		5,386.98	32.45	.003	39.32	.11
SURGERY/ANES.	3	3		210.35	70.12	.000	70.12	.00
RADIO./PATHOLOGY	9	16		275.09	17.19	.000	30.57	.01
OTHER	109	163		2,601.66	15.96	.003	23.87	.05
@HOME HEALTH AGENCY	91	767	\$	52,236.52	\$ 68.10	.015	\$ 574.03	\$ 1.03
NURSE ANESTHESIST	330	1,711	\$	32,346.92	\$ 18.91	.034	\$ 98.02	\$.64
NURSE MIDWIFE	80	161	\$	27,781.51	\$ 172.56	.003	\$ 347.27	\$.55
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$ 57.20	.000	\$ 57.20	\$.00
FAMILY NURSE PRACTITIONER	6	6	\$	167.83	\$ 27.97	.000	\$ 27.97	\$.00
@TOTAL HOSPITAL	8,029	41,704	\$	5,527,142.40	\$ 132.53	.822	\$ 688.40	\$ 108.90
HOSP INPATIENT TOTAL	602	1,888		4,185,644.63	2216.97	.037	6952.90	82.47
HSC HOSPITALS	40	233		364,681.63	1565.16	.005	9117.04	7.19
NON-HSC HOSPITAL TOTAL	405	1,655		3,682,934.98	2225.34	.033	9093.67	72.57
ACCOMMODATIONS	405	1,655		1,263,774.16	763.61	.033	3120.43	24.90
ADMINISTRATIVE DAYS	2	16		9,576.30	598.52	.000	4788.15	.19
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	405	1,639		1,254,197.86	765.22	.032	3096.78	24.71
ANCILLARIES	405	0		2,419,160.82	.00	.000	5973.24	47.67
INPATIENT CROSSOVERS	161	0		138,028.02	.00	.000	857.32	2.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,766	39,816		1,341,497.77	33.69	.785	172.74	26.43
MEDICAL	3,509	5,798		396,935.61	68.46	.114	113.12	7.82
SURGERY	764	995		53,530.03	53.80	.020	70.07	1.05
PATHOLOGY	2,889	11,624		141,337.92	12.16	.229	48.92	2.78
RADIOLOGY	2,670	3,837		273,236.88	71.21	.076	102.34	5.38
ROOM USE	3,888	6,057		244,540.00	40.37	.119	62.90	4.82
CROSSOVERS/ALL OTH OUTPTNT	3,923	11,505		231,917.33	20.16	.227	59.12	4.57
@COUNTY HOSPITAL TOTAL	20	82	\$	13,031.26	\$ 158.92	.002	\$ 651.56	\$.26
CO HOSPITAL INPATIENT TOTAL	2	8		10,490.00	1311.25	.000	5245.00	.21
HSC HOSPITALS	2	8		10,490.00	1311.25	.000	5245.00	.21
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	74		2,541.26	34.34	.001	133.75	.05
MEDICAL	6	7		412.90	58.99	.000	68.82	.01
SURGERY	3	4		131.47	32.87	.000	43.82	.00
PATHOLOGY	6	30		388.82	12.96	.001	64.80	.01

RADIOLOGY	2	5	592.54	118.51	.000	296.27	.01
ROOM USE	9	15	791.95	52.80	.000	87.99	.02
CROSSOVERS/ALL OTH OUTPTNT	5	13	223.58	17.20	.000	44.72	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
50,752 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	8,012	41,622	\$ 5,514,111.14	\$ 132.48	.820	\$ 688.23	\$ 108.65
COMM HOSP INPATIENT TOTAL	600	1,880	4,175,154.63	2220.83	.037	6958.59	82.27
HSC HOSPITALS	38	225	354,191.63	1574.19	.004	9320.83	6.98
NON-HSC HOSPITALS TOTAL	405	1,655	3,682,934.98	2225.34	.033	9093.67	72.57
ACCOMMODATIONS	405	1,655	1,263,774.16	763.61	.033	3120.43	24.90
ADMINISTRATIVE DAYS	2	16	9,576.30	598.52	.000	4788.15	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	405	1,639	1,254,197.86	765.22	.032	3096.78	24.71
ANCILLARIES	405	0	2,419,160.82	.00	.000	5973.24	47.67
INPATIENT CROSSOVERS	161	0	138,028.02	.00	.000	857.32	2.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,750	39,742	1,338,956.51	33.69	.783	172.77	26.38
MEDICAL	3,503	5,791	396,522.71	68.47	.114	113.20	7.81
SURGERY	761	991	53,398.56	53.88	.020	70.17	1.05
PATHOLOGY	2,885	11,594	140,949.10	12.16	.228	48.86	2.78
RADIOLOGY	2,668	3,832	272,644.34	71.15	.076	102.19	5.37
ROOM USE	3,882	6,042	243,748.05	40.34	.119	62.79	4.80
CROSSOVERS/ALL OTH OUTPTNT	3,920	11,492	231,693.75	20.16	.226	59.11	4.57
@STATE HOSPITAL	5	152	\$ 106,678.16	\$ 701.83	.003	\$ 21335.63	\$ 2.10
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	5	152	106,678.16	701.83	.003	21335.63	2.10
@NURSING FACILITY	110	2,499	\$ 346,591.26	\$ 138.69	.049	\$ 3150.83	\$ 6.83
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	30	3,759.60	125.32	.001	3759.60	.07
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	109	2,469	342,831.66	138.85	.049	3145.24	6.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	401	\$ 48,868.62	\$ 121.87	.008	\$ 904.97	\$.96
HOSPITAL BASED	1	7	279.06	39.87	.000	279.06	.01
HEMODIALYSIS CENTER	53	394	48,589.56	123.32	.008	916.78	.96
@REHABILITATION FACILITY	46	393	\$ 8,743.04	\$ 22.25	.008	\$ 190.07	\$.17
HOSPITAL BASED	45	390	8,693.80	22.29	.008	193.20	.17
INDEPENDENT FACILITY	1	3	49.24	16.41	.000	49.24	.00
@LABORATORY FACILITY	2,264	7,306	\$ 96,680.51	\$ 13.23	.144	\$ 42.70	\$ 1.90
PATHOLOGY	2,259	7,287	96,538.95	13.25	.144	42.74	1.90
XO AND OTHERS	5	19	141.56	7.45	.000	28.31	.00
@ORGANIZED OUTPATIENT CLINIC	14,560	21,863	\$ 2,040,213.64	\$ 93.32	.431	\$ 140.12	\$ 40.20
CLINIC	57	174	7,432.67	42.72	.003	130.40	.15
SURGICENTER	1	1	8.52	8.52	.000	8.52	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14,512	21,688	2,032,772.45	93.73	.427	140.08	40.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,260

MOP024
DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

50,752 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,971	208,426	\$ 752,107.74	\$ 3.61	4.107	\$ 189.40	\$ 14.82
DURABLE MED. EQUIP.	216	1,010	90,971.66	90.07	.020	421.17	1.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	9	3,964.06	440.45	.000	440.45	.08
MEDICAL TRANSPORTATION	749	116,007	370,694.35	3.20	2.286	494.92	7.30
AMBULANCES/AIR TRANS	638	18,543	182,118.65	9.82	.365	285.45	3.59
OTHER TRANS	76	95,935	141,404.60	1.47	1.890	1860.59	2.79
OTHER SERVICES	91	1,529	47,171.10	30.85	.030	518.36	.93
ACUPUNCTURE	9	22	367.65	16.71	.000	40.85	.01
ADULT DAY HEALTH CARE CTR	13	249	17,301.08	69.48	.005	1330.85	.34
GENETIC DISEASE TESTING	38	38	3,990.00	105.00	.001	105.00	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	8	28	4,943.40	176.55	.001	617.93	.10
OCCUPATIONAL THERAPIST	2	18	277.75	15.43	.000	138.88	.01
OPTICIAN	870	1,981	21,950.67	11.08	.039	25.23	.43
PHYSICAL THERAPIST	310	2,703	40,343.40	14.93	.053	130.14	.79
PORTABLE X-RAY	1	2	1.50	.75	.000	1.50	.00
PROSTHETIST/ORTHOTISTS	52	146	36,119.17	247.39	.003	694.60	.71
PROSTHETICS	52	146	36,119.17	247.39	.003	694.60	.71
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	81	273	10,849.87	39.74	.005	133.95	.21
HOSPICE SERVICES	1	3	376.74	125.58	.000	376.74	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	604	8,725	79,448.16	9.11	.172	131.54	1.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,230	77,212	70,508.28	.91	1.521	57.32	1.39
@CALIF. CHILDREN SERVICES*	179	3,159	\$ 310,310.25	\$ 98.23	.062	\$ 1733.58	\$ 6.11
@XOVER EXCLUDING STATE HOSP**	2,942	18,199	\$ 359,341.08	\$ 19.75	.359	\$ 122.14	\$ 7.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,261

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	136	367	\$ 45,133.76	\$ 122.98	1.203	\$ 331.87	\$ 147.98
@PHYSICIANS SERVICES	18	64	\$ 4,063.04	\$ 63.49	.210	\$ 225.72	\$ 13.32
OUTPATIENT VISITS	9	12	333.18	27.77	.039	37.02	1.09
OFFICE VISITS	8	11	287.46	26.13	.036	35.93	.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.72	45.72	.003	45.72	.15
INPATIENT VISITS	1	8	920.45	115.06	.026	920.45	3.02
HOSPITAL VISITS	1	7	502.75	71.82	.023	502.75	1.65
CRITICAL CARE	1	1	417.70	417.70	.003	417.70	1.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	11	2,114.87	192.26	.036	1057.44	6.93
PRINCIPAL SURGEON	1	2	1,744.37	872.19	.007	1744.37	5.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	370.50	41.17	.030	370.50	1.21
OUTPATIENT SURGERY	1	10	455.45	45.55	.033	455.45	1.49
PRINCIPAL SURGEON	1	1	155.61	155.61	.003	155.61	.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	299.84	33.32	.030	299.84	.98
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	15.88	7.94	.007	7.94	.05
RADIOLOGY	4	4	49.82	12.46	.013	12.46	.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	16	92.00	5.75	.052	18.40	.30
OTHER SERVICES/ALL X-OVERS	1	1	81.39	81.39	.003	81.39	.27
@PHARMACY	48	76	\$ 1,206.88	\$ 15.88	.249	\$ 25.14	\$ 3.96
PRESCRIPTION DRUGS	48	76	1,206.88	15.88	.249	25.14	3.96
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	48	76	1,206.88	15.88	.249	25.14	3.96
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,262
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	22	80	\$ 24,671.29	\$ 308.39	.262	\$ 1121.42	\$ 80.89
HOSP INPATIENT TOTAL	2	9	17,731.32	1970.15	.030	8865.66	58.14
HSC HOSPITALS	1	7	11,963.00	1709.00	.023	11963.00	39.22
NON-HSC HOSPITAL TOTAL	1	2	5,768.32	2884.16	.007	5768.32	18.91
ACCOMMODATIONS	1	2	2,101.98	1050.99	.007	2101.98	6.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	2,101.98	1050.99	.007	2101.98	6.89
ANCILLARIES	1	0	3,666.34	.00	.000	3666.34	12.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	71	6,939.97	97.75	.233	330.47	22.75
MEDICAL	17	19	1,212.51	63.82	.062	71.32	3.98
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	15	344.81	22.99	.049	57.47	1.13
RADIOLOGY	6	9	4,617.33	513.04	.030	769.56	15.14
ROOM USE	17	20	658.01	32.90	.066	38.71	2.16
CROSSOVERS/ALL OTH OUTPTNT	7	8	107.31	13.41	.026	15.33	.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,263
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	80	\$ 24,671.29	\$ 308.39	.262	\$ 1121.42	\$ 80.89
COMM HOSP INPATIENT TOTAL	2	9	17,731.32	1970.15	.030	8865.66	58.14
HSC HOSPITALS	1	7	11,963.00	1709.00	.023	11963.00	39.22
NON-HSC HOSPITALS TOTAL	1	2	5,768.32	2884.16	.007	5768.32	18.91
ACCOMMODATIONS	1	2	2,101.98	1050.99	.007	2101.98	6.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	2,101.98	1050.99	.007	2101.98	6.89
ANCILLARIES	1	0	3,666.34	.00	.000	3666.34	12.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	71	6,939.97	97.75	.233	330.47	22.75
MEDICAL	17	19	1,212.51	63.82	.062	71.32	3.98
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	15	344.81	22.99	.049	57.47	1.13
RADIOLOGY	6	9	4,617.33	513.04	.030	769.56	15.14
ROOM USE	17	20	658.01	32.90	.066	38.71	2.16
CROSSOVERS/ALL OTH OUTPTNT	7	8	107.31	13.41	.026	15.33	.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	6	\$ 69.94	\$ 11.66	.020	\$ 13.99	\$.23
PATHOLOGY	5	6	69.94	11.66	.020	13.99	.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	102	139	\$	14,104.68	\$	101.47	.456	\$	138.28	\$	46.24
CLINIC	2	2		177.26		88.63	.007		88.63		.58
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	100	137		13,927.42		101.66	.449		139.27		45.66

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,264
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	305 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	1,017.93	\$ 508.97	.007	\$ 1017.93	\$ 3.34
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2		1,017.93	508.97	.007	1017.93	3.34
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	44	\$	21,081.53	\$ 479.13	.144	\$ 5270.38	\$ 69.12
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,265
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	367 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	324	2,966	\$	179,061.44	\$ 60.37	8.082	\$ 552.66	\$ 487.91
@PHYSICIANS SERVICES	69	134	\$	10,823.91	\$ 80.78	.365	\$ 156.87	\$ 29.49
OUTPATIENT VISITS	9	17		1,229.25	72.31	.046	136.58	3.35
OFFICE VISITS	4	5		227.03	45.41	.014	56.76	.62
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.003	108.08	.29

PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	11		894.14	81.29	.030	223.54	2.44
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	4	8		248.46	31.06	.022	62.12	.68
HOSPITAL VISITS	4	8		248.46	31.06	.022	62.12	.68
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	17		4,406.86	259.23	.046	440.69	12.01
PRINCIPAL SURGEON	9	10		4,210.33	421.03	.027	467.81	11.47
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7		196.53	28.08	.019	196.53	.54
OUTPATIENT SURGERY	5	10		1,828.45	182.85	.027	365.69	4.98
PRINCIPAL SURGEON	4	4		1,664.50	416.13	.011	416.13	4.54
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6		163.95	27.33	.016	163.95	.45
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	8	9		398.20	44.24	.025	49.78	1.09
RADIOLOGY	43	60		1,792.94	29.88	.163	41.70	4.89
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	13		919.75	70.75	.035	131.39	2.51
@PHARMACY	75	173	\$	6,550.26	\$ 37.86	.471	\$ 87.34	\$ 17.85
PRESCRIPTION DRUGS	72	153		5,513.90	36.04	.417	76.58	15.02
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	72	153		5,513.90	36.04	.417	76.58	15.02
MEDICAL SUPPLIES	6	20		1,036.36	51.82	.054	172.73	2.82
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,266
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	367 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$ 52.50	.005	\$ 104.99	\$.29
NURSE ANESTHESIST	20	110	\$	1,927.94	\$ 17.53	.300	\$ 96.40	\$ 5.25
NURSE MIDWIFE	11	26	\$	4,574.10	\$ 175.93	.071	\$ 415.83	\$ 12.46
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	189	1,619	\$	126,441.36	\$ 78.10	4.411	\$ 669.00	\$ 344.53
HOSP INPATIENT TOTAL	21	82		80,982.74	987.59	.223	3856.32	220.66
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	21	82		80,982.74	987.59	.223	3856.32	220.66
ACCOMMODATIONS	21	82		36,324.50	442.98	.223	1729.74	98.98
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	82		36,324.50	442.98	.223	1729.74	98.98
ANCILLARIES	21	0		44,658.24	.00	.000	2126.58	121.68
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	176	1,537		45,458.62	29.58	4.188	258.29	123.87
MEDICAL	31	40		2,821.67	70.54	.109	91.02	7.69
SURGERY	13	18		739.38	41.08	.049	56.88	2.01
PATHOLOGY	83	405		5,782.38	14.28	1.104	69.67	15.76
RADIOLOGY	47	59		3,793.77	64.30	.161	80.72	10.34
ROOM USE	118	246		9,192.02	37.37	.670	77.90	25.05
CROSSOVERS/ALL OTH OUTPTNT	117	769		23,129.40	30.08	2.095	197.69	63.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,267
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	367 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	189		1,619 \$	126,441.36	\$ 78.10	4.411	\$ 669.00	\$ 344.53
COMM HOSP INPATIENT TOTAL	21		82	80,982.74	987.59	.223	3856.32	220.66
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	21		82	80,982.74	987.59	.223	3856.32	220.66
ACCOMMODATIONS	21		82	36,324.50	442.98	.223	1729.74	98.98
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21		82	36,324.50	442.98	.223	1729.74	98.98
ANCILLARIES	21		0	44,658.24	.00	.000	2126.58	121.68
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	176		1,537	45,458.62	29.58	4.188	258.29	123.87
MEDICAL	31		40	2,821.67	70.54	.109	91.02	7.69
SURGERY	13		18	739.38	41.08	.049	56.88	2.01
PATHOLOGY	83		405	5,782.38	14.28	1.104	69.67	15.76
RADIOLOGY	47		59	3,793.77	64.30	.161	80.72	10.34
ROOM USE	118		246	9,192.02	37.37	.670	77.90	25.05
CROSSOVERS/ALL OTH OUTPTNT	117		769	23,129.40	30.08	2.095	197.69	63.02
@STATE HOSPITAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0 \$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	37	66	\$	1,330.62	\$	20.16	.180	\$	35.96	\$	3.63
PATHOLOGY	37	66		1,330.62		20.16	.180		35.96		3.63
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	69	144	\$	15,427.88	\$	107.14	.392	\$	223.59	\$	42.04
CLINIC	4	23		1,232.71		53.60	.063		308.18		3.36
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	65	121		14,195.17		117.32	.330		218.39		38.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,268
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
367 ELIGIBLES							
@ALL OTHER PROVIDERS	18	692	\$ 11,880.38	\$ 17.17	1.886	\$ 660.02	\$ 32.37
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	675	10,427.26	15.45	1.839	2085.45	28.41
AMBULANCES/AIR TRANS	5	673	7,877.26	11.70	1.834	1575.45	21.46
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	2,550.00	1275.00	.005	1275.00	6.95
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	12	12	1,260.00	105.00	.033	105.00	3.43
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	5	193.12	38.62	.014	193.12	.53
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,269
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
03 ELIGIBLES							

@TOTAL, ALL PROVIDERS	19	145	\$	10,630.65	\$	73.31	48.333	\$	559.51	\$	3543.55
@PHYSICIANS SERVICES	6	11	\$	1,148.63	\$	104.42	3.667	\$	191.44	\$	382.88
OUTPATIENT VISITS	3	4		173.55		43.39	1.333		57.85		57.85
OFFICE VISITS	3	4		173.55		43.39	1.333		57.85		57.85
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	2		491.62		245.81	.667		491.62		163.87
PRINCIPAL SURGEON	1	2		491.62		245.81	.667		491.62		163.87
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		20.66		10.33	.667		20.66		6.89
RADIOLOGY	2	2		20.78		10.39	.667		10.39		6.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		442.02		442.02	.333		442.02		147.34
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,270
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM	AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
03 ELIGIBLES							

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	7	\$	115.93	\$	16.56	2.333	\$	115.93	\$	38.64
NURSE MIDWIFE	1	1	\$	53.79	\$	53.79	.333	\$	53.79	\$	17.93
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	13	83	\$	8,203.04	\$	98.83	27.667	\$	631.00	\$	2734.35
HOSP INPATIENT TOTAL	1	4		5,777.10		1444.28	1.333		5777.10		1925.70
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	4		5,777.10		1444.28	1.333		5777.10		1925.70
ACCOMMODATIONS	1	4		2,169.16		542.29	1.333		2169.16		723.05
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		2,169.16		542.29	1.333		2169.16		723.05
ANCILLARIES	1	0		3,607.94		.00	.000		3607.94		1202.65
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12	79		2,425.94		30.71	26.333		202.16		808.65
MEDICAL	2	5		274.90		54.98	1.667		137.45		91.63
SURGERY	1	1		80.83		80.83	.333		80.83		26.94
PATHOLOGY	5	17		264.62		15.57	5.667		52.92		88.21

RADIOLOGY	2	4	297.60	74.40	1.333	148.80	99.20
ROOM USE	9	14	641.98	45.86	4.667	71.33	213.99
CROSSOVERS/ALL OTH OUTPTNT	8	38	866.01	22.79	12.667	108.25	288.67
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,271
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	83	\$ 8,203.04	\$ 98.83	27.667	\$ 631.00	\$ 2734.35
COMM HOSP INPATIENT TOTAL	1	4	5,777.10	1444.28	1.333	5777.10	1925.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	5,777.10	1444.28	1.333	5777.10	1925.70
ACCOMMODATIONS	1	4	2,169.16	542.29	1.333	2169.16	723.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	2,169.16	542.29	1.333	2169.16	723.05
ANCILLARIES	1	0	3,607.94	.00	.000	3607.94	1202.65
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	79	2,425.94	30.71	26.333	202.16	808.65
MEDICAL	2	5	274.90	54.98	1.667	137.45	91.63
SURGERY	1	1	80.83	80.83	.333	80.83	26.94
PATHOLOGY	5	17	264.62	15.57	5.667	52.92	88.21
RADIOLOGY	2	4	297.60	74.40	1.333	148.80	99.20
ROOM USE	9	14	641.98	45.86	4.667	71.33	213.99
CROSSOVERS/ALL OTH OUTPTNT	8	38	866.01	22.79	12.667	108.25	288.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	3	\$ 67.20	\$ 22.40	1.000	\$ 22.40	\$ 22.40
PATHOLOGY	3	3	67.20	22.40	1.000	22.40	22.40
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$ 437.60	\$ 87.52	1.667	\$ 145.87	\$ 145.87
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	5	437.60	87.52	1.667	145.87	145.87

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,272
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	35	\$ 604.46	\$ 17.27	11.667	\$ 201.49	\$ 201.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	32	400.98	12.53	10.667	400.98	133.66
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	160.10	160.10	.333	160.10	53.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	43.38	21.69	.667	43.38	14.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	2	\$ 232.05	\$ 116.03	.667	\$ 116.03	\$ 77.35
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

675 ELIGIBLES				----- MONTHLY AVERAGE -----				
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	479	3,478	\$ 234,825.85	\$ 67.52	5.153	\$ 490.24	\$ 347.89	
@PHYSICIANS SERVICES	93	209	\$ 16,035.58	\$ 76.73	.310	\$ 172.43	\$ 23.76	
OUTPATIENT VISITS	21	33	1,735.98	52.61	.049	82.67	2.57	
OFFICE VISITS	15	20	688.04	34.40	.030	45.87	1.02	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	108.08	108.08	.001	108.08	.16	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	4	11	894.14	81.29	.016	223.54	1.32	
OTHER OUTPATIENT	1	1	45.72	45.72	.001	45.72	.07	
INPATIENT VISITS	5	16	1,168.91	73.06	.024	233.78	1.73	
HOSPITAL VISITS	5	15	751.21	50.08	.022	150.24	1.11	
CRITICAL CARE	1	1	417.70	417.70	.001	417.70	.62	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	12	28	6,521.73	232.92	.041	543.48	9.66	
PRINCIPAL SURGEON	10	12	5,954.70	496.23	.018	595.47	8.82	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	16	567.03	35.44	.024	283.52	.84	
OUTPATIENT SURGERY	7	22	2,775.52	126.16	.033	396.50	4.11	
PRINCIPAL SURGEON	6	7	2,311.73	330.25	.010	385.29	3.42	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	15	463.79	30.92	.022	231.90	.69	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	11	13	434.74	33.44	.019	39.52	.64	
RADIOLOGY	49	66	1,863.54	28.24	.098	38.03	2.76	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	5	16	92.00	5.75	.024	18.40	.14	
OTHER SERVICES/ALL X-OVERS	9	15	1,443.16	96.21	.022	160.35	2.14	
@PHARMACY	123	249	\$ 7,757.14	\$ 31.15	.369	\$ 63.07	\$ 11.49	
PRESCRIPTION DRUGS	120	229	6,720.78	29.35	.339	56.01	9.96	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	120	229	6,720.78	29.35	.339	56.01	9.96	
MEDICAL SUPPLIES	6	20	1,036.36	51.82	.030	172.73	1.54	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

675 ELIGIBLES		MONTHLY AVERAGE							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.003	\$ 104.99	\$.16		
NURSE ANESTHESIST	21	117	\$ 2,043.87	\$ 17.47	.173	\$ 97.33	\$ 3.03		
NURSE MIDWIFE	12	27	\$ 4,627.89	\$ 171.40	.040	\$ 385.66	\$ 6.86		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	224	1,782	\$ 159,315.69	\$ 89.40	2.640	\$ 711.23	\$ 236.02		
HOSP INPATIENT TOTAL	24	95	104,491.16	1099.91	.141	4353.80	154.80		
HSC HOSPITALS	1	7	11,963.00	1709.00	.010	11963.00	17.72		
NON-HSC HOSPITAL TOTAL	23	88	92,528.16	1051.46	.130	4022.96	137.08		
ACCOMMODATIONS	23	88	40,595.64	461.31	.130	1765.03	60.14		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	23	88	40,595.64	461.31	.130	1765.03	60.14		
ANCILLARIES	23	0	51,932.52	.00	.000	2257.94	76.94		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	209	1,687	54,824.53	32.50	2.499	262.32	81.22		
MEDICAL	50	64	4,309.08	67.33	.095	86.18	6.38		
SURGERY	14	19	820.21	43.17	.028	58.59	1.22		
PATHOLOGY	94	437	6,391.81	14.63	.647	68.00	9.47		
RADIOLOGY	55	72	8,708.70	120.95	.107	158.34	12.90		
ROOM USE	144	280	10,492.01	37.47	.415	72.86	15.54		
CROSSOVERS/ALL OTH OUTPTNT	132	815	24,102.72	29.57	1.207	182.60	35.71		
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
MEDICAL	0	0	.00	.00	.000	.00	.00		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,275
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	224	1,782	\$ 159,315.69	\$ 89.40	2.640	\$ 711.23	\$ 236.02
COMM HOSP INPATIENT TOTAL	24	95	104,491.16	1099.91	.141	4353.80	154.80
HSC HOSPITALS	1	7	11,963.00	1709.00	.010	11963.00	17.72
NON-HSC HOSPITALS TOTAL	23	88	92,528.16	1051.46	.130	4022.96	137.08
ACCOMMODATIONS	23	88	40,595.64	461.31	.130	1765.03	60.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	88	40,595.64	461.31	.130	1765.03	60.14
ANCILLARIES	23	0	51,932.52	.00	.000	2257.94	76.94
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	209	1,687	54,824.53	32.50	2.499	262.32	81.22
MEDICAL	50	64	4,309.08	67.33	.095	86.18	6.38
SURGERY	14	19	820.21	43.17	.028	58.59	1.22
PATHOLOGY	94	437	6,391.81	14.63	.647	68.00	9.47
RADIOLOGY	55	72	8,708.70	120.95	.107	158.34	12.90
ROOM USE	144	280	10,492.01	37.47	.415	72.86	15.54
CROSSOVERS/ALL OTH OUTPTNT	132	815	24,102.72	29.57	1.207	182.60	35.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	45	75	\$	1,467.76	\$ 19.57	.111	\$ 32.62	\$ 2.17
PATHOLOGY	45	75		1,467.76	19.57	.111	32.62	2.17
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	174	288	\$	29,970.16	\$ 104.06	.427	\$ 172.24	\$ 44.40
CLINIC	6	25		1,409.97	56.40	.037	235.00	2.09
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	168	263		28,560.19	108.59	.390	170.00	42.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

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03/14/05

675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	22	729	\$ 13,502.77	\$ 18.52	1.080	\$ 613.76	\$ 20.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	675	10,427.26	15.45	1.000	2085.45	15.45
AMBULANCES/AIR TRANS	5	673	7,877.26	11.70	.997	1575.45	11.67
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	2,550.00	1275.00	.003	1275.00	3.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	12	12	1,260.00	105.00	.018	105.00	1.87
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	32	400.98	12.53	.047	400.98	.59
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	1,178.03	392.68	.004	589.02	1.75
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	43.38	21.69	.003	43.38	.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	5		193.12		38.62	.007	193.12	.29
@CALIF. CHILDREN SERVICES*	6	46	\$	21,313.58	\$	463.34	.068	\$ 3552.26	\$ 31.58
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,277

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	395	8,142	\$ 266,018.26	\$ 32.67	20.104	\$ 673.46	\$ 656.84
@PHYSICIANS SERVICES	70	215	\$ 2,060.29	\$ 9.58	.531	\$ 29.43	\$ 5.09
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.89	12.89	.002	12.89	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	69	214	2,047.40	9.57	.528	29.67	5.06
@PHARMACY	335	6,559	\$ 161,672.52	\$ 24.65	16.195	\$ 482.60	\$ 399.19
PRESCRIPTION DRUGS	331	1,584	156,748.06	98.96	3.911	473.56	387.03
SNF/ICF	15	101	8,146.91	80.66	.249	543.13	20.12
OUTPATIENTS	320	1,483	148,601.15	100.20	3.662	464.38	366.92
MEDICAL SUPPLIES	42	4,975	4,924.46	.99	12.284	117.25	12.16
@DENTIST	7	12	\$ 1,748.00	\$ 145.67	.030	\$ 249.71	\$ 4.32
VISITS - DIAGNOSTIC	2	3	83.00	27.67	.007	41.50	.20
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	5	8	1,665.00	208.13	.020	333.00	4.11
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,278
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	7	\$ 172.91	\$ 24.70	.017	\$ 34.58	\$.43
DIAGNOSTIC AND ANC. PROCED	2	3	86.89	28.96	.007	43.45	.21
EYE APPLIANCES	2	3	53.11	17.70	.007	26.56	.13
OTHER OPTOMETRIC SERVICES	1	1	32.91	32.91	.002	32.91	.08
@CHIROPRACITOR	1	1	\$ 16.72	\$ 16.72	.002	\$ 16.72	\$.04
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.002	16.72	.04
@PODIATRIST	7	12	\$ 251.52	\$ 20.96	.030	\$ 35.93	\$.62
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	12	251.52	20.96	.030	35.93	.62
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	3	\$ 41.72	\$ 13.91	.007	\$ 13.91	\$.10
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	58	123	\$ 14,397.66	\$ 117.05	.304	\$ 248.24	\$ 35.55
HOSP INPATIENT TOTAL	13	0	12,236.33	.00	.000	941.26	30.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	0	12,236.33	.00	.000	941.26	30.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	55	123	2,161.33	17.57	.304	39.30	5.34
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	55	123	2,161.33	17.57	.304	39.30	5.34
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,279
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	123	\$ 14,397.66	\$ 117.05	.304	\$ 248.24	\$ 35.55
COMM HOSP INPATIENT TOTAL	13	0	12,236.33	.00	.000	941.26	30.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	0	12,236.33	.00	.000	941.26	30.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	55	123	2,161.33	17.57	.304	39.30	5.34
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	55	123	2,161.33	17.57	.304	39.30	5.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	23	267	\$ 69,034.43	\$ 258.56	.659	\$ 3001.50	\$ 170.46
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	43	5,388.76	125.32	.106	5388.76	13.31
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	22	224	63,645.67	284.13	.553	2892.99	157.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 20.34	\$ 20.34	.002	\$ 20.34	\$.05
PATHOLOGY	1	1	20.34	20.34	.002	20.34	.05
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	90	203	\$	9,070.17	\$	44.68	.501	\$	100.78	\$	22.40
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	90	203		9,070.17		44.68	.501		100.78		22.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,280
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	88	739	\$ 7,531.98	\$ 10.19	1.825	\$ 85.59	\$ 18.60
DURABLE MED. EQUIP.	7	96	2,203.19	22.95	.237	314.74	5.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	373	871.01	2.34	.921	58.07	2.15
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	11	342	797.46	2.33	.844	72.50	1.97
OTHER SERVICES	4	31	73.55	2.37	.077	18.39	.18
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	22	223.30	10.15	.054	27.91	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	248	4,234.48	17.07	.612	65.15	10.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	159	665	\$ 58,249.33	\$ 87.59	1.642	\$ 366.35	\$ 143.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,281

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20	177	\$ 3,362.71	\$ 19.00	7.375	\$ 168.14	\$ 140.11
@PHYSICIANS SERVICES	3	9	\$ 94.83	\$ 10.54	.375	\$ 31.61	\$ 3.95
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	9	94.83	10.54	.375	31.61	3.95
@PHARMACY	16	140	\$ 2,571.90	\$ 18.37	5.833	\$ 160.74	\$ 107.16
PRESCRIPTION DRUGS	16	38	2,510.94	66.08	1.583	156.93	104.62
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	38	2,510.94	66.08	1.583	156.93	104.62
MEDICAL SUPPLIES	3	102	60.96	.60	4.250	20.32	2.54
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,282
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2 \$	31.80	\$ 15.90	.083	\$ 31.80	\$ 1.33
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	2	31.80	15.90	.083	31.80	1.33
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.042	\$ 16.72	\$.70
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.042	16.72	.70
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1 \$	11.66	\$ 11.66	.042	\$ 11.66	\$.49
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	11.66	11.66	.042	11.66	.49
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	11.66	11.66	.042	11.66	.49
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,283
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1		1	\$ 11.66	\$ 11.66	.042	\$ 11.66	\$.49
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1		1	11.66	11.66	.042	11.66	.49
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1		1	11.66	11.66	.042	11.66	.49
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	7	\$	429.85	\$	61.41	.292	\$	107.46	\$	17.91
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	7		429.85		61.41	.292		107.46		17.91

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,284
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3		17	\$ 205.95	\$ 12.11	.708	\$ 68.65	\$ 8.58
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		2	26.08	13.04	.083	26.08	1.09
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2		15	179.87	11.99	.625	89.94	7.49
@CALIF. CHILDREN SERVICES*	0		0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	7		26	303.08	11.66	1.083	43.30	12.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,285
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	278	1,498	\$	124,503.46	\$	83.11	5.653	\$	447.85	\$	469.82
@PHYSICIANS SERVICES	36	68	\$	932.69	\$	13.72	.257	\$	25.91	\$	3.52
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	36	68		932.69		13.72	.257		25.91		3.52
@PHARMACY	240	1,117	\$	109,769.91	\$	98.27	4.215	\$	457.37	\$	414.23
PRESCRIPTION DRUGS	238	1,013		108,085.94		106.70	3.823		454.14		407.87

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	238	1,013	108,085.94	106.70	3.823	454.14	407.87
MEDICAL SUPPLIES	16	104	1,683.97	16.19	.392	105.25	6.35
@DENTIST	9	35	\$ 1,221.00	\$ 34.89	.132	\$ 135.67	\$ 4.61
VISITS - DIAGNOSTIC	6	9	182.00	20.22	.034	30.33	.69
ORAL SURGERY	1	23	929.00	40.39	.087	929.00	3.51
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	110.00	55.00	.008	110.00	.42
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,286
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	11	\$ 206.02	\$ 18.73	.042	\$ 34.34	\$.78
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	5	10	172.08	17.21	.038	34.42	.65
OTHER OPTOMETRIC SERVICES	1	1	33.94	33.94	.004	33.94	.13
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.008	\$ 33.44	\$.13
VISITS	1	2	33.44	16.72	.008	33.44	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	6	\$ 49.71	\$ 8.29	.023	\$ 8.29	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	49.71	8.29	.023	8.29	.19
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	23	73	\$ 5,429.08	\$ 74.37	.275	\$ 236.05	\$ 20.49
HOSP INPATIENT TOTAL	6	0	4,552.88	.00	.000	758.81	17.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0	4,552.88	.00	.000	758.81	17.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	73	876.20	12.00	.275	38.10	3.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	23	73	876.20	12.00	.275	38.10	3.31
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,287
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C						

265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	73	\$ 5,429.08	\$ 74.37	.275	\$ 236.05	\$ 20.49
COMM HOSP INPATIENT TOTAL	6	0	4,552.88	.00	.000	758.81	17.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0	4,552.88	.00	.000	758.81	17.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	73	876.20	12.00	.275	38.10	3.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	23	73	876.20	12.00	.275	38.10	3.31
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	7	\$ 111.05	\$ 15.86	.026	\$ 27.76	\$.42
PATHOLOGY	4	7	111.05	15.86	.026	27.76	.42
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	56	87	\$ 5,677.00	\$ 65.25	.328	\$ 101.38	\$ 21.42
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	56	87	5,677.00	65.25	.328	101.38	21.42

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,288
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

265 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	92	\$ 1,073.56	\$ 11.67	.347	\$ 41.29	\$ 4.05
DURABLE MED. EQUIP.	1	2	96.93	48.47	.008	96.93	.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	26	253.28	9.74	.098	25.33	.96
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	64	723.35	11.30	.242	48.22	2.73
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	68	215	\$ 7,458.53	\$ 34.69	.811	\$ 109.68	\$ 28.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
DIALYSIS	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
PSYCHIATRY	0		0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00
SNF/ICF	0		0	.00	.00	.000	.00	.00
OUTPATIENTS	0		0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00
ORAL SURGERY	0		0	.00	.00	.000	.00	.00
DRUGS	0		0	.00	.00	.000	.00	.00
ANESTHESIA	0		0	.00	.00	.000	.00	.00
PERIODONTICS	0		0	.00	.00	.000	.00	.00
ENDODONTICS	0		0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 2,290
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,291
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,293

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	693	9,817	\$ 393,884.43	\$ 40.12	14.146	\$ 568.38	\$ 567.56
@PHYSICIANS SERVICES	109	292	\$ 3,087.81	\$ 10.57	.421	\$ 28.33	\$ 4.45
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.89	12.89	.001	12.89	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	108	291	3,074.92	10.57	.419	28.47	4.43
@PHARMACY	591	7,816	\$ 274,014.33	\$ 35.06	11.262	\$ 463.65	\$ 394.83
PRESCRIPTION DRUGS	585	2,635	267,344.94	101.46	3.797	457.00	385.22
SNF/ICF	15	101	8,146.91	80.66	.146	543.13	11.74
OUTPATIENTS	574	2,534	259,198.03	102.29	3.651	451.56	373.48
MEDICAL SUPPLIES	61	5,181	6,669.39	1.29	7.465	109.33	9.61
@DENTIST	16	47	\$ 2,969.00	\$ 63.17	.068	\$ 185.56	\$ 4.28
VISITS - DIAGNOSTIC	8	12	265.00	22.08	.017	33.13	.38
ORAL SURGERY	1	23	929.00	40.39	.033	929.00	1.34
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	110.00	55.00	.003	110.00	.16
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	5	8	1,665.00	208.13	.012	333.00	2.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,294
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	20	\$ 410.73	\$ 20.54	.029	\$ 34.23	\$.59
DIAGNOSTIC AND ANC. PROCED	2	3	86.89	28.96	.004	43.45	.13
EYE APPLIANCES	8	15	256.99	17.13	.022	32.12	.37
OTHER OPTOMETRIC SERVICES	2	2	66.85	33.43	.003	33.43	.10
@CHIROPRACTOR	3	4	\$ 66.88	\$ 16.72	.006	\$ 22.29	\$.10
VISITS	1	2	33.44	16.72	.003	33.44	.05
OTHER SERVICES	2	2	33.44	16.72	.003	16.72	.05
@PODIATRIST	13	18	\$ 301.23	\$ 16.74	.026	\$ 23.17	\$.43
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	13	18	301.23	16.74	.026	23.17	.43
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	3	\$ 41.72	\$ 13.91	.004	\$ 13.91	\$.06
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	82	197	\$ 19,838.40	\$ 100.70	.284	\$ 241.93	\$ 28.59
HOSP INPATIENT TOTAL	19	0	16,789.21	.00	.000	883.64	24.19
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	0	16,789.21	.00	.000	883.64	24.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	79	197	3,049.19	15.48	.284	38.60	4.39
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	79	197	3,049.19	15.48	.284	38.60	4.39
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,295
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	82	197	\$ 19,838.40	\$ 100.70	.284	\$ 241.93	\$ 28.59
COMM HOSP INPATIENT TOTAL	19	0	16,789.21	.00	.000	883.64	24.19
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	0	16,789.21	.00	.000	883.64	24.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	79	197	3,049.19	15.48	.284	38.60	4.39
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	79	197		3,049.19	15.48	.284	38.60	4.39
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	23	267	\$	69,034.43	\$ 258.56	.385	\$ 3001.50	\$ 99.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	43		5,388.76	125.32	.062	5388.76	7.76
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	22	224		63,645.67	284.13	.323	2892.99	91.71
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	8	\$	131.39	\$ 16.42	.012	\$ 26.28	\$.19
PATHOLOGY	5	8		131.39	16.42	.012	26.28	.19
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	150	297	\$	15,177.02	\$ 51.10	.428	\$ 101.18	\$ 21.87
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	150	297		15,177.02	51.10	.428	101.18	21.87

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,296
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	117	848	\$ 8,811.49	\$ 10.39	1.222	\$ 75.31	\$ 12.70	
DURABLE MED. EQUIP.	8	98	2,300.12	23.47	.141	287.52	3.31	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	15	373	871.01	2.34	.537	58.07	1.26	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	11	342	797.46	2.33	.493	72.50	1.15	
OTHER SERVICES	4	31	73.55	2.37	.045	18.39	.11	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	19	50	502.66	10.05	.072	26.46	.72	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	82	327	5,137.70	15.71	.471	62.65	7.40
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	234	906	\$ 66,010.94	\$ 72.86	1.305	\$ 282.10	\$ 95.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,297

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

456 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	458	8,253	\$ 281,761.97	\$ 34.14	18.099	\$ 615.20	\$ 617.90
@PHYSICIANS SERVICES	66	173	\$ 2,595.23	\$ 15.00	.379	\$ 39.32	\$ 5.69
OUTPATIENT VISITS	1	1	.00	.00	.002	.00	.00
OFFICE VISITS	1	1	.00	.00	.002	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	65	172	2,595.23	15.09	.377	39.93	5.69
@PHARMACY	403	6,793	\$ 202,411.49	\$ 29.80	14.897	\$ 502.26	\$ 443.88
PRESCRIPTION DRUGS	389	1,984	197,340.34	99.47	4.351	507.30	432.76
SNF/ICF	7	38	2,949.83	77.63	.083	421.40	6.47
OUTPATIENTS	384	1,946	194,390.51	99.89	4.268	506.23	426.29
MEDICAL SUPPLIES	56	4,809	5,071.15	1.05	10.546	90.56	11.12
@DENTIST	5	13	\$ 1,202.00	\$ 92.46	.029	\$ 240.40	\$ 2.64
VISITS - DIAGNOSTIC	3	8	97.00	12.13	.018	32.33	.21
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	4	1,105.00	276.25	.009	368.33	2.42
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,298
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

456 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.007	\$ 53.11	\$.12
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.007	53.11	.12
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	7	\$ 40.55	\$ 5.79	.015	\$ 8.11	\$.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	7	40.55	5.79	.015	8.11	.09
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	8	\$ 36.27	\$ 4.53	.018	\$ 36.27	\$.08
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	60	304	\$ 14,488.02	\$ 47.66	.667	\$ 241.47	\$ 31.77
HOSP INPATIENT TOTAL	12	0	11,388.00	.00	.000	949.00	24.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	0	11,388.00	.00	.000	949.00	24.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	57	304	3,100.02	10.20	.667	54.39	6.80
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	57	304	3,100.02	10.20	.667	54.39	6.80
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,299
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

456 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	60	304	\$ 14,488.02	\$ 47.66	.667	\$ 241.47	\$ 31.77
COMM HOSP INPATIENT TOTAL	12	0	11,388.00	.00	.000	949.00	24.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	0	11,388.00	.00	.000	949.00	24.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	57	304	3,100.02	10.20	.667	54.39	6.80
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	57	304	3,100.02	10.20	.667	54.39	6.80
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	388	\$ 51,638.38	\$ 133.09	.851	\$ 3037.55	\$ 113.24
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	388	51,638.38	133.09	.851	3037.55	113.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	6	\$	65.67	\$	10.95	.013	\$	10.95	\$	.14
PATHOLOGY	6	6		65.67		10.95	.013		10.95		.14
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	79	150	\$	6,348.53	\$	42.32	.329	\$	80.36	\$	13.92
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	79	150		6,348.53		42.32	.329		80.36		13.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,300
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

456 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	94	408	\$ 2,882.72	\$ 7.07	.895	\$ 30.67	\$ 6.32
DURABLE MED. EQUIP.	3	4	155.99	39.00	.009	52.00	.34
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	89.31	89.31	.002	89.31	.20
MEDICAL TRANSPORTATION	7	188	298.97	1.59	.412	42.71	.66
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	160	273.40	1.71	.351	136.70	.60
OTHER SERVICES	5	28	25.57	.91	.061	5.11	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	132.12	9.44	.031	18.87	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	78.78	26.26	.007	39.39	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	198	2,127.55	10.75	.434	27.99	4.67
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	163	1,710	27,687.32	16.19	3.750	169.86	60.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,301
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,302
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,303
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,304
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 2,305
03/14/05

	247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	210		4,531	\$ 152,501.14	\$ 33.66	18.344	\$ 726.20	\$ 617.41
@PHYSICIANS SERVICES	43		227	\$ 3,035.94	\$ 13.37	.919	\$ 70.60	\$ 12.29
OUTPATIENT VISITS	5		14	293.32	20.95	.057	58.66	1.19
OFFICE VISITS	5		14	293.32	20.95	.057	58.66	1.19
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1		1	38.43	38.43	.004	38.43	.16
EXAMINATIONS	1		1	38.43	38.43	.004	38.43	.16
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
DIALYSIS	0		0	.00	.00	.000	.00	.00
PATHOLOGY	3		8	47.28	5.91	.032	15.76	.19

RADIOLOGY	6	12		589.21		49.10	.049	98.20	2.39
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		5.75		5.75	.004	5.75	.02
OTHER SERVICES/ALL X-OVERS	37	191		2,061.95		10.80	.773	55.73	8.35
@PHARMACY	178	2,893	\$	106,016.97	\$	36.65	11.713	\$ 595.60	\$ 429.22
PRESCRIPTION DRUGS	172	751		104,538.74		139.20	3.040	607.78	423.23
SNF/ICF	6	40		1,999.58		49.99	.162	333.26	8.10
OUTPATIENTS	170	711		102,539.16		144.22	2.879	603.17	415.14
MEDICAL SUPPLIES	19	2,142		1,478.23		.69	8.672	77.80	5.98
@DENTIST	6	43	\$	3,364.00	\$	78.23	.174	\$ 560.67	\$ 13.62
VISITS - DIAGNOSTIC	2	3		50.00		16.67	.012	25.00	.20
ORAL SURGERY	4	37		2,314.00		62.54	.150	578.50	9.37
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		100.00		100.00	.004	100.00	.40
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.008	900.00	3.64
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV									
MOP024									
DEL NORTE COUNTY									

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03/14/05

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

AID CODE 68

247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	15	\$ 282.22	\$ 18.81	.061	\$ 56.44	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	4	15	234.77	15.65	.061	58.69	.95
OTHER OPTOMETRIC SERVICES	1	0	47.45	.00	.000	47.45	.19
@CHIROPRACTOR	4	4	\$ 66.88	\$ 16.72	.016	\$ 16.72	\$.27
VISITS	4	4	66.88	16.72	.016	16.72	.27
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	30	76	\$ 6,194.74	\$ 81.51	.308	\$ 206.49	\$ 25.08
HOSP INPATIENT TOTAL	3	0	2,083.66	.00	.000	694.55	8.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	3	0	2,083.66	.00	.000	694.55	8.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	76	4,111.08	54.09	.308	146.82	16.64
MEDICAL	4	5	252.58	50.52	.020	63.15	1.02
SURGERY	1	2	157.49	78.75	.008	157.49	.64
PATHOLOGY	1	6	60.69	10.12	.024	60.69	.25
RADIOLOGY	9	14	2,529.18	180.66	.057	281.02	10.24
ROOM USE	3	3	119.24	39.75	.012	39.75	.48
CROSSOVERS/ALL OTH OUTPTNT	19	46	991.90	21.56	.186	52.21	4.02
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,307
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	30	76	\$ 6,194.74	\$ 81.51	.308	\$ 206.49	\$ 25.08
COMM HOSP INPATIENT TOTAL	3	0	2,083.66	.00	.000	694.55	8.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	2,083.66	.00	.000	694.55	8.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	76	4,111.08	54.09	.308	146.82	16.64
MEDICAL	4	5	252.58	50.52	.020	63.15	1.02
SURGERY	1	2	157.49	78.75	.008	157.49	.64
PATHOLOGY	1	6	60.69	10.12	.024	60.69	.25
RADIOLOGY	9	14	2,529.18	180.66	.057	281.02	10.24
ROOM USE	3	3	119.24	39.75	.012	39.75	.48
CROSSOVERS/ALL OTH OUTPTNT	19	46	991.90	21.56	.186	52.21	4.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	80	\$ 14,776.10	\$ 184.70	.324	\$ 2110.87	\$ 59.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	80		14,776.10	184.70	.324	2110.87	59.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	25	\$	336.25	13.45	.101	33.63	1.36
PATHOLOGY	9	21		308.65	14.70	.085	34.29	1.25
XO AND OTHERS	1	4		27.60	6.90	.016	27.60	.11
@ORGANIZED OUTPATIENT CLINIC	65	193	\$	10,854.42	56.24	.781	166.99	43.95
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	65	193		10,854.42	56.24	.781	166.99	43.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED							
				AID CODE 68		----- MONTHLY AVERAGE -----		
247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	

@ALL OTHER PROVIDERS	56	975	\$	7,573.62	\$ 7.77	3.947	\$ 135.24	\$ 30.66
DURABLE MED. EQUIP.	1	1		24.68	24.68	.004	24.68	.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	56		315.65	5.64	.227	63.13	1.28
AMBULANCES/AIR TRANS	2	23		215.15	9.35	.093	107.58	.87
OTHER TRANS	1	18		72.45	4.03	.073	72.45	.29
OTHER SERVICES	2	15		28.05	1.87	.061	14.03	.11
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	41		5,945.68	145.02	.166	660.63	24.07
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	14		133.34	9.52	.057	26.67	.54
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	40	863		1,154.27		1.34	3.494	28.86	4.67
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	58	682	\$	11,117.83	\$	16.30	2.761	\$ 191.69	\$ 45.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,309

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

703 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	668	12,784	\$ 434,263.11	\$ 33.97	18.185	\$ 650.09	\$ 617.73
@PHYSICIANS SERVICES	109	400	\$ 5,631.17	\$ 14.08	.569	\$ 51.66	\$ 8.01
OUTPATIENT VISITS	6	15	293.32	19.55	.021	48.89	.42
OFFICE VISITS	6	15	293.32	19.55	.021	48.89	.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.001	38.43	.05
EXAMINATIONS	1	1	38.43	38.43	.001	38.43	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	8	47.28	5.91	.011	15.76	.07
RADIOLOGY	6	12	589.21	49.10	.017	98.20	.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.75	5.75	.001	5.75	.01
OTHER SERVICES/ALL X-OVERS	102	363	4,657.18	12.83	.516	45.66	6.62
@PHARMACY	581	9,686	\$ 308,428.46	\$ 31.84	13.778	\$ 530.86	\$ 438.73
PRESCRIPTION DRUGS	561	2,735	301,879.08	110.38	3.890	538.11	429.42
SNF/ICF	13	78	4,949.41	63.45	.111	380.72	7.04
OUTPATIENTS	554	2,657	296,929.67	111.75	3.780	535.97	422.38
MEDICAL SUPPLIES	75	6,951	6,549.38	.94	9.888	87.33	9.32
@DENTIST	11	56	\$ 4,566.00	\$ 81.54	.080	\$ 415.09	\$ 6.50
VISITS - DIAGNOSTIC	5	11	147.00	13.36	.016	29.40	.21
ORAL SURGERY	4	37	2,314.00	62.54	.053	578.50	3.29
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.14
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	4	6	2,005.00	334.17	.009	501.25	2.85
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,310
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

703 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	18	\$ 335.33	\$ 18.63	.026	\$ 55.89	\$.48
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	5	18	287.88	15.99	.026	57.58	.41
OTHER OPTOMETRIC SERVICES	1	0	47.45	.00	.000	47.45	.07
@CHIROPRACTOR	4	4	\$ 66.88	\$ 16.72	.006	\$ 16.72	\$.10
VISITS	4	4	66.88	16.72	.006	16.72	.10
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	7	\$ 40.55	\$ 5.79	.010	\$ 8.11	\$.06
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	7	40.55	5.79	.010	8.11	.06
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	\$ 36.27	\$ 4.53	.011	\$ 36.27	\$.05
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	90	380	\$ 20,682.76	\$ 54.43	.541	\$ 229.81	\$ 29.42
HOSP INPATIENT TOTAL	15	0	13,471.66	.00	.000	898.11	19.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	15	0	13,471.66	.00	.000	898.11	19.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	380	7,211.10	18.98	.541	84.84	10.26
MEDICAL	4	5	252.58	50.52	.007	63.15	.36
SURGERY	1	2	157.49	78.75	.003	157.49	.22
PATHOLOGY	1	6	60.69	10.12	.009	60.69	.09
RADIOLOGY	9	14	2,529.18	180.66	.020	281.02	3.60
ROOM USE	3	3	119.24	39.75	.004	39.75	.17
CROSSOVERS/ALL OTH OUTPTNT	76	350	4,091.92	11.69	.498	53.84	5.82
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,311
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

703 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	90	380	\$ 20,682.76	\$ 54.43	.541 \$ 229.81 \$ 29.42
COMM HOSP INPATIENT TOTAL	15	0	13,471.66	.00	.000 898.11 19.16
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	15	0	13,471.66	.00	.000 898.11 19.16
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	85	380	7,211.10	18.98	.541 84.84 10.26
MEDICAL	4	5	252.58	50.52	.007 63.15 .36
SURGERY	1	2	157.49	78.75	.003 157.49 .22
PATHOLOGY	1	6	60.69	10.12	.009 60.69 .09
RADIOLOGY	9	14	2,529.18	180.66	.020 281.02 3.60
ROOM USE	3	3	119.24	39.75	.004 39.75 .17

CROSSOVERS/ALL OTH OUTPTNT	76	350		4,091.92	11.69	.498	53.84	5.82
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	468	\$	66,414.48	141.91	.666	2767.27	94.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	24	468		66,414.48	141.91	.666	2767.27	94.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	31	\$	401.92	12.97	.044	25.12	.57
PATHOLOGY	15	27		374.32	13.86	.038	24.95	.53
XO AND OTHERS	1	4		27.60	6.90	.006	27.60	.04
@ORGANIZED OUTPATIENT CLINIC	144	343	\$	17,202.95	50.15	.488	119.46	24.47
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	144	343		17,202.95	50.15	.488	119.46	24.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,312
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

					----- MONTHLY AVERAGE -----			
703 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	150	1,383	\$ 10,456.34	\$ 7.56	1.967	\$ 69.71	\$ 14.87	
DURABLE MED. EQUIP.	4	5	180.67	36.13	.007	45.17	.26	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	89.31	89.31	.001	89.31	.13	
MEDICAL TRANSPORTATION	12	244	614.62	2.52	.347	51.22	.87	
AMBULANCES/AIR TRANS	2	23	215.15	9.35	.033	107.58	.31	
OTHER TRANS	3	178	345.85	1.94	.253	115.28	.49	
OTHER SERVICES	7	43	53.62	1.25	.061	7.66	.08	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	9	41	5,945.68	145.02	.058	660.63	8.46	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	12	28	265.46	9.48	.040	22.12	.38	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	2	3	78.78	26.26	.004	39.39	.11	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	116	1,061	3,281.82	3.09	1.509	28.29	4.67
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	221	2,392	\$ 38,805.15	\$ 16.22	3.403	\$ 175.59	\$ 55.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,313

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

3,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,798	54,809	\$ 1,313,675.62	\$ 23.97	17.085	\$ 469.51	\$ 409.50
@PHYSICIANS SERVICES	445	1,099	\$ 16,193.14	\$ 14.73	.343	\$ 36.39	\$ 5.05
OUTPATIENT VISITS	3	3	48.00	16.00	.001	16.00	.01
OFFICE VISITS	3	3	48.00	16.00	.001	16.00	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	80.30	40.15	.001	80.30	.03
EXAMINATIONS	1	2	80.30	40.15	.001	80.30	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.89	12.89	.000	12.89	.00
RADIOLOGY	1	1	28.23	28.23	.000	28.23	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	440	1,092	16,023.72	14.67	.340	36.42	4.99
@PHARMACY	2,356	36,494	\$ 851,076.17	\$ 23.32	11.376	\$ 361.24	\$ 265.30
PRESCRIPTION DRUGS	2,299	9,766	829,187.93	84.91	3.044	360.67	258.48
SNF/ICF	73	548	44,578.47	81.35	.171	610.66	13.90
OUTPATIENTS	2,236	9,218	784,609.46	85.12	2.873	350.90	244.58
MEDICAL SUPPLIES	243	26,728	21,888.24	.82	8.332	90.08	6.82
@DENTIST	50	144	\$ 14,363.00	\$ 99.74	.045	\$ 287.26	\$ 4.48
VISITS - DIAGNOSTIC	24	45	788.00	17.51	.014	32.83	.25
ORAL SURGERY	5	36	1,901.00	52.81	.011	380.20	.59

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.03
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.02
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	3	177.00	59.00	.001	59.00	.06
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	27	55	11,342.00	206.22	.017	420.07	3.54
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,314
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	3,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	49		118 \$	2,399.40	\$ 20.33	.037	\$ 48.97	\$.75
DIAGNOSTIC AND ANC. PROCED	12		15	520.51	34.70	.005	43.38	.16
EYE APPLIANCES	37		99	1,699.88	17.17	.031	45.94	.53
OTHER OPTOMETRIC SERVICES	5		4	179.01	44.75	.001	35.80	.06
@CHIROPRACTOR	4		8 \$	68.03	\$ 8.50	.002	\$ 17.01	\$.02
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	4		8	68.03	8.50	.002	17.01	.02
@PODIATRIST	49		74 \$	864.99	\$ 11.69	.023	\$ 17.65	\$.27
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	49		74	864.99	11.69	.023	17.65	.27
@HOME HEALTH AGENCY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	4		11	77.99	7.09	.003	19.50	.02
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1		1	12.41	12.41	.000	12.41	.00
@TOTAL HOSPITAL	297		874 \$	78,592.92	\$ 89.92	.272	\$ 264.62	\$ 24.50
HOSP INPATIENT TOTAL	63		8	65,121.49	8140.19	.002	1033.67	20.30
HSC HOSPITALS	1		8	8,190.13	1023.77	.002	8190.13	2.55
NON-HSC HOSPITAL TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	62		0	56,931.36	.00	.000	918.25	17.75
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	279		866	13,471.43	15.56	.270	48.28	4.20
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	279		866	13,471.43	15.56	.270	48.28	4.20
@COUNTY HOSPITAL TOTAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,315
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	3,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	297		874 \$	78,592.92	\$ 89.92	.272	\$ 264.62	\$ 24.50
COMM HOSP INPATIENT TOTAL	63		8	65,121.49	8140.19	.002	1033.67	20.30
HSC HOSPITALS	1		8	8,190.13	1023.77	.002	8190.13	2.55
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	62		0	56,931.36	.00	.000	918.25	17.75
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	279	866		13,471.43	15.56	.270	48.28	4.20
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	279	866		13,471.43	15.56	.270	48.28	4.20
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	89	1,722	\$	280,084.87	\$ 162.65	.537	\$ 3147.02	\$ 87.31
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	43		5,388.76	125.32	.013	5388.76	1.68
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	88	1,679		274,696.11	163.61	.523	3121.55	85.63
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	47	\$	521.39	\$ 11.09	.015	\$ 18.62	\$.16
PATHOLOGY	26	38		495.28	13.03	.012	19.05	.15
XO AND OTHERS	2	9		26.11	2.90	.003	13.06	.01
@ORGANIZED OUTPATIENT CLINIC	570	938	\$	42,860.37	\$ 45.69	.292	\$ 75.19	\$ 13.36
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		8.52	8.52	.000	8.52	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	570	937		42,851.85	45.73	.292	75.18	13.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,316
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	3,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	528	13,279	\$	26,560.94	\$ 2.00	4.139	\$ 50.30	\$ 8.28
DURABLE MED. EQUIP.	17	109		2,769.15	25.41	.034	162.89	.86
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5		2,065.83	413.17	.002	413.17	.64
MEDICAL TRANSPORTATION	35	840		1,687.93	2.01	.262	48.23	.53
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	17	736		1,493.22	2.03	.229	87.84	.47
OTHER SERVICES	18	104		194.71	1.87	.032	10.82	.06
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	74	178		2,133.89	11.99	.055	28.84	.67
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	8	1,181.60	147.70	.002	168.80	.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	410	12,139	16,722.54	1.38	3.784	40.79	5.21
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	998	4,341	182,776.66	42.10	1.353	183.14	56.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,317
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

311 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	243	10,428	\$ 136,725.51	\$ 13.11	33.531	\$ 562.66	\$ 439.63
@PHYSICIANS SERVICES	50	129	\$ 6,822.78	\$ 52.89	.415	\$ 136.46	\$ 21.94
OUTPATIENT VISITS	15	21	931.19	44.34	.068	62.08	2.99
OFFICE VISITS	14	19	826.45	43.50	.061	59.03	2.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.003	44.60	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	60.14	60.14	.003	60.14	.19
INPATIENT VISITS	4	15	1,016.56	67.77	.048	254.14	3.27
HOSPITAL VISITS	4	14	792.31	56.59	.045	198.08	2.55
CRITICAL CARE	1	1	224.25	224.25	.003	224.25	.72
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.003	37.15	.12
EXAMINATIONS	1	1	37.15	37.15	.003	37.15	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	4	203.87	50.97	.013	50.97	.66
PRINCIPAL SURGEON	4	4	203.87	50.97	.013	50.97	.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	5.14	2.57	.006	2.57	.02
RADIOLOGY	7	8	60.94	7.62	.026	8.71	.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	20	3,218.30	160.92	.064	804.58	10.35
OTHER SERVICES/ALL X-OVERS	35	58	1,349.63	23.27	.186	38.56	4.34
@PHARMACY	211	9,773	\$ 90,697.39	\$ 9.28	31.424	\$ 429.85	\$ 291.63
PRESCRIPTION DRUGS	206	871	84,374.69	96.87	2.801	409.59	271.30

SNF/ICF	3	20		1,530.91	76.55	.064	510.30	4.92
OUTPATIENTS	203	851		82,843.78	97.35	2.736	408.10	266.38
MEDICAL SUPPLIES	49	8,902		6,322.70	.71	28.624	129.03	20.33
@DENTIST	2	31	\$	1,361.00	\$ 43.90	.100	\$ 680.50	\$ 4.38
VISITS - DIAGNOSTIC	2	8		174.00	21.75	.026	87.00	.56
ORAL SURGERY	1	22		1,087.00	49.41	.071	1087.00	3.50
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.003	100.00	.32
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,318
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

311 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	13	\$ 1,046.05	\$ 80.47	.042	\$ 174.34	\$ 3.36
DIAGNOSTIC AND ANC. PROCED	3	3	113.55	37.85	.010	37.85	.37
EYE APPLIANCES	5	10	932.50	93.25	.032	186.50	3.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.003	\$ 16.72	\$.05
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.003	16.72	.05
@PODIATRIST	1	1	\$ 24.00	\$ 24.00	.003	\$ 24.00	\$.08
MEDICINE/INJECTIONS	1	1	24.00	24.00	.003	24.00	.08
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	3	\$ 71.85	\$ 23.95	.010	\$ 71.85	\$.23
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	35	140	\$ 10,103.33	\$ 72.17	.450	\$ 288.67	\$ 32.49
HOSP INPATIENT TOTAL	2	5	6,889.20	1377.84	.016	3444.60	22.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	5	6,366.15	1273.23	.016	6366.15	20.47
ACCOMMODATIONS	1	5	2,799.90	559.98	.016	2799.90	9.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,799.90	559.98	.016	2799.90	9.00
ANCILLARIES	1	0	3,566.25	.00	.000	3566.25	11.47
INPATIENT CROSSOVERS	1	0	523.05	.00	.000	523.05	1.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33	135	3,214.13	23.81	.434	97.40	10.33
MEDICAL	8	16	858.42	53.65	.051	107.30	2.76
SURGERY	1	1	67.33	67.33	.003	67.33	.22
PATHOLOGY	8	35	390.60	11.16	.113	48.83	1.26

RADIOLOGY	9	13	342.90	26.38	.042	38.10	1.10
ROOM USE	13	17	694.76	40.87	.055	53.44	2.23
CROSSOVERS/ALL OTH OUTPTNT	25	53	860.12	16.23	.170	34.40	2.77
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,319
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

311 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	140	\$ 10,103.33	\$ 72.17	.450	\$ 288.67	\$ 32.49
COMM HOSP INPATIENT TOTAL	2	5	6,889.20	1377.84	.016	3444.60	22.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	5	6,366.15	1273.23	.016	6366.15	20.47
ACCOMMODATIONS	1	5	2,799.90	559.98	.016	2799.90	9.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,799.90	559.98	.016	2799.90	9.00
ANCILLARIES	1	0	3,566.25	.00	.000	3566.25	11.47
INPATIENT CROSSOVERS	1	0	523.05	.00	.000	523.05	1.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	135	3,214.13	23.81	.434	97.40	10.33
MEDICAL	8	16	858.42	53.65	.051	107.30	2.76
SURGERY	1	1	67.33	67.33	.003	67.33	.22
PATHOLOGY	8	35	390.60	11.16	.113	48.83	1.26
RADIOLOGY	9	13	342.90	26.38	.042	38.10	1.10
ROOM USE	13	17	694.76	40.87	.055	53.44	2.23
CROSSOVERS/ALL OTH OUTPTNT	25	53	860.12	16.23	.170	34.40	2.77
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	51	\$ 7,423.74	\$ 145.56	.164	\$ 1237.29	\$ 23.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6	51	7,423.74	145.56	.164	1237.29	23.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	6	\$ 60.13	\$ 10.02	.019	\$ 10.02	\$.19
PATHOLOGY	6	6	60.13	10.02	.019	10.02	.19
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	43	53	\$ 3,746.48	\$ 70.69	.170	\$ 87.13	\$ 12.05
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	43	53	3,746.48	70.69	.170	87.13	12.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,320
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

311 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34	227	\$ 15,352.04	\$ 67.63	.730	\$ 451.53	\$ 49.36
DURABLE MED. EQUIP.	5	20	9,162.56	458.13	.064	1832.51	29.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	106	2,844.74	26.84	.341	474.12	9.15
AMBULANCES/AIR TRANS	5	101	1,538.16	15.23	.325	307.63	4.95
OTHER TRANS	1	4	31.58	7.90	.013	31.58	.10
OTHER SERVICES	1	1	1,275.00	1275.00	.003	1275.00	4.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	1,720.29	143.36	.039	286.72	5.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	926.74	154.46	.019	926.74	2.98
PROSTHETICS	1	6	926.74	154.46	.019	926.74	2.98
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	83	697.71	8.41	.267	41.04	2.24
@CALIF. CHILDREN SERVICES*	16	206	\$ 16,495.08	\$ 80.07	.662	\$ 1030.94	\$ 53.04
@XOVER EXCLUDING STATE HOSP**	66	944	\$ 5,653.04	\$ 5.99	3.035	\$ 85.65	\$ 18.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,321
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

22,589 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20,541	465,698	\$ 14,113,912.69	\$ 30.31	20.616	\$ 687.11	\$ 624.81
@PHYSICIANS SERVICES	4,107	11,658	\$ 438,733.67	\$ 37.63	.516	\$ 106.83	\$ 19.42
OUTPATIENT VISITS	1,223	1,723	61,328.76	35.59	.076	50.15	2.71
OFFICE VISITS	1,063	1,474	49,637.60	33.68	.065	46.70	2.20
HOME VISITS	2	2	44.10	22.05	.000	22.05	.00
EMERGENCY ROOM	126	168	9,614.64	57.23	.007	76.31	.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	17	272.37	16.02	.001	45.40	.01
OTHER OUTPATIENT	55	62	1,760.05	28.39	.003	32.00	.08
INPATIENT VISITS	161	699	43,021.91	61.55	.031	267.22	1.90
HOSPITAL VISITS	144	528	23,288.25	44.11	.023	161.72	1.03
CRITICAL CARE	15	152	18,883.86	124.24	.007	1258.92	.84
SNF/ICF/TRANS IP CARE	16	19	849.80	44.73	.001	53.11	.04
OPHTHALMOLOGICAL SERVICES	120	155	6,193.14	39.96	.007	51.61	.27
EXAMINATIONS	120	155	6,193.14	39.96	.007	51.61	.27
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	141	888	77,103.74	86.83	.039	546.84	3.41
PRINCIPAL SURGEON	108	159	62,583.84	393.61	.007	579.48	2.77
ASSISTANT SURGEON	16	15	2,839.07	189.27	.001	177.44	.13
ANESTHESIOLOGIST	37	714	11,680.83	16.36	.032	315.70	.52
OUTPATIENT SURGERY	351	720	93,151.72	129.38	.032	265.39	4.12
PRINCIPAL SURGEON	335	472	88,411.64	187.31	.021	263.92	3.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	27	248	4,740.08	19.11	.011	175.56	.21
DIALYSIS	14	53	4,019.40	75.84	.002	287.10	.18
PATHOLOGY	365	663	11,401.97	17.20	.029	31.24	.50

RADIOLOGY	1,370	2,428		61,930.82	25.51	.107	45.20	2.74
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	67	205		11,552.69	56.35	.009	172.43	.51
OTHER SERVICES/ALL X-OVERS	1,598	4,124		69,029.52	16.74	.183	43.20	3.06
@PHARMACY	15,237	219,608	\$	7,362,712.01	\$ 33.53	9.722	\$ 483.21	\$ 325.94
PRESCRIPTION DRUGS	15,003	64,321		7,209,040.62	112.08	2.847	480.51	319.14
SNF/ICF	116	1,412		137,747.04	97.55	.063	1187.47	6.10
OUTPATIENTS	14,905	62,909		7,071,293.58	112.41	2.785	474.42	313.04
MEDICAL SUPPLIES	1,335	155,287		153,671.39	.99	6.874	115.11	6.80
@DENTIST	355	1,711	\$	82,428.92	\$ 48.18	.076	\$ 232.19	\$ 3.65
VISITS - DIAGNOSTIC	254	795		12,078.90	15.19	.035	47.55	.53
ORAL SURGERY	75	504		27,690.00	54.94	.022	369.20	1.23
DRUGS	2	3		.00	.00	.000	.00	.00
ANESTHESIA	31	31		3,100.00	100.00	.001	100.00	.14
PERIODONTICS	5	5		371.00	74.20	.000	74.20	.02
ENDODONTICS	14	35		6,497.00	185.63	.002	464.07	.29
RESTORATIVE DENTISTRY	67	175		8,682.00	49.61	.008	129.58	.38
PROSTHETICS	4	4		140.00	35.00	.000	35.00	.01
DENTURES, STAYPLATES	67	113		23,665.02	209.42	.005	353.21	1.05
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		100.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4		105.00	26.25	.000	26.25	.00
ALL OTHER SERVICES	10	40		.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOPO24	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED							

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22,589 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	625	1,688	\$ 36,853.02	\$ 21.83	.075	\$ 58.96	\$ 1.63
DIAGNOSTIC AND ANC. PROCED	330	368	14,502.51	39.41	.016	43.95	.64
EYE APPLIANCES	481	1,303	21,705.93	16.66	.058	45.13	.96
OTHER OPTOMETRIC SERVICES	18	17	644.58	37.92	.001	35.81	.03
@CHIROPRACTOR	220	415	\$ 6,859.52	\$ 16.53	.018	\$ 31.18	\$.30
VISITS	209	399	6,629.48	16.62	.018	31.72	.29
OTHER SERVICES	11	16	230.04	14.38	.001	20.91	.01
@PODIATRIST	164	228	\$ 5,204.09	\$ 22.82	.010	\$ 31.73	\$.23
MEDICINE/INJECTIONS	87	104	3,124.50	30.04	.005	35.91	.14
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	6	11	188.59	17.14	.000	31.43	.01
OTHER	78	113	1,891.00	16.73	.005	24.24	.08
@HOME HEALTH AGENCY	80	743	\$ 51,077.83	\$ 68.75	.033	\$ 638.47	\$ 2.26
NURSE ANESTHESIST	166	791	\$ 15,930.95	\$ 20.14	.035	\$ 95.97	\$.71
NURSE MIDWIFE	14	27	\$ 4,645.66	\$ 172.06	.001	\$ 331.83	\$.21
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$ 81.20	\$ 40.60	.000	\$ 40.60	\$.00
@TOTAL HOSPITAL	4,304	23,103	\$ 4,001,711.16	\$ 173.21	1.023	\$ 929.77	\$ 177.15
HOSP INPATIENT TOTAL	400	1,321	3,245,822.84	2457.10	.058	8114.56	143.69
HSC HOSPITALS	23	165	260,142.50	1576.62	.007	11310.54	11.52
NON-HSC HOSPITAL TOTAL	249	1,156	2,874,845.86	2486.89	.051	11545.57	127.27
ACCOMMODATIONS	249	1,156	931,742.02	806.01	.051	3741.94	41.25
ADMINISTRATIVE DAYS	1	14	9,345.00	667.50	.001	9345.00	.41
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	249	1,142	922,397.02	807.70	.051	3704.41	40.83
ANCILLARIES	249	0	1,943,103.84	.00	.000	7803.63	86.02

INPATIENT CROSSOVERS	132	0	110,834.48	.00	.000	839.66	4.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,146	21,782	755,888.32	34.70	.964	182.32	33.46
MEDICAL	1,612	3,165	242,027.70	76.47	.140	150.14	10.71
SURGERY	367	473	24,422.14	51.63	.021	66.55	1.08
PATHOLOGY	1,561	6,861	80,912.09	11.79	.304	51.83	3.58
RADIOLOGY	1,474	2,209	173,478.24	78.53	.098	117.69	7.68
ROOM USE	1,644	2,800	116,209.59	41.50	.124	70.69	5.14
CROSSOVERS/ALL OTH OUTPTNT	2,161	6,274	118,838.56	18.94	.278	54.99	5.26
@COUNTY HOSPITAL TOTAL	18	59	\$ 12,297.70	\$ 208.44	.003	\$ 683.21	\$.54
CO HOSPITAL INPATIENT TOTAL	2	8	10,490.00	1311.25	.000	5245.00	.46
HSC HOSPITALS	2	8	10,490.00	1311.25	.000	5245.00	.46
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	51	1,807.70	35.45	.002	106.34	.08
MEDICAL	4	5	267.19	53.44	.000	66.80	.01
SURGERY	2	2	70.27	35.14	.000	35.14	.00
PATHOLOGY	5	22	241.91	11.00	.001	48.38	.01
RADIOLOGY	2	5	592.54	118.51	.000	296.27	.03
ROOM USE	6	9	457.29	50.81	.000	76.22	.02
CROSSOVERS/ALL OTH OUTPTNT	5	8	178.50	22.31	.000	35.70	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,323
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
22,589 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,288	23,044	\$ 3,989,413.46	\$ 173.12	1.020	\$ 930.37	\$ 176.61	
COMM HOSP INPATIENT TOTAL	398	1,313	3,235,332.84	2464.08	.058	8128.98	143.23	
HSC HOSPITALS	21	157	249,652.50	1590.14	.007	11888.21	11.05	
NON-HSC HOSPITALS TOTAL	249	1,156	2,874,845.86	2486.89	.051	11545.57	127.27	
ACCOMMODATIONS	249	1,156	931,742.02	806.01	.051	3741.94	41.25	
ADMINISTRATIVE DAYS	1	14	9,345.00	667.50	.001	9345.00	.41	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	249	1,142	922,397.02	807.70	.051	3704.41	40.83	
ANCILLARIES	249	0	1,943,103.84	.00	.000	7803.63	86.02	
INPATIENT CROSSOVERS	132	0	110,834.48	.00	.000	839.66	4.91	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4,131	21,731	754,080.62	34.70	.962	182.54	33.38	
MEDICAL	1,608	3,160	241,760.51	76.51	.140	150.35	10.70	
SURGERY	365	471	24,351.87	51.70	.021	66.72	1.08	
PATHOLOGY	1,557	6,839	80,670.18	11.80	.303	51.81	3.57	
RADIOLOGY	1,472	2,204	172,885.70	78.44	.098	117.45	7.65	
ROOM USE	1,640	2,791	115,752.30	41.47	.124	70.58	5.12	
CROSSOVERS/ALL OTH OUTPTNT	2,157	6,266	118,660.06	18.94	.277	55.01	5.25	
@STATE HOSPITAL	5	152	\$ 106,678.16	\$ 701.83	.007	\$ 21335.63	\$ 4.72	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	5	152	106,678.16	701.83	.007	21335.63	4.72	
@NURSING FACILITY	83	1,805	\$ 242,092.23	\$ 134.12	.080	\$ 2916.77	\$ 10.72	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	1	30	3,759.60	125.32	.001	3759.60	.17
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	82	1,775	238,332.63	134.27	.079	2906.50	10.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	401	\$ 48,868.62	\$ 121.87	.018	\$ 904.97	\$ 2.16
HOSPITAL BASED	1	7	279.06	39.87	.000	279.06	.01
HEMODIALYSIS CENTER	53	394	48,589.56	123.32	.017	916.78	2.15
@REHABILITATION FACILITY	26	242	\$ 5,373.80	\$ 22.21	.011	\$ 206.68	\$.24
HOSPITAL BASED	25	239	5,324.56	22.28	.011	212.98	.24
INDEPENDENT FACILITY	1	3	49.24	16.41	.000	49.24	.00
@LABORATORY FACILITY	1,380	4,776	\$ 60,537.55	\$ 12.68	.211	\$ 43.87	\$ 2.68
PATHOLOGY	1,376	4,762	60,394.50	12.68	.211	43.89	2.67
XO AND OTHERS	4	14	143.05	10.22	.001	35.76	.01
@ORGANIZED OUTPATIENT CLINIC	7,365	11,992	\$ 1,031,122.33	\$ 85.98	.531	\$ 140.00	\$ 45.65
CLINIC	25	57	2,742.25	48.11	.003	109.69	.12
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,344	11,935	1,028,380.08	86.17	.528	140.03	45.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED						

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22,589 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,703	186,355	\$ 612,944.77	\$ 3.29	8.250	\$ 226.76	\$ 27.13
DURABLE MED. EQUIP.	182	955	79,100.90	82.83	.042	434.62	3.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5	1,987.54	397.51	.000	397.51	.09
MEDICAL TRANSPORTATION	593	111,724	311,625.37	2.79	4.946	525.51	13.80
AMBULANCES/AIR TRANS	486	14,461	135,803.14	9.39	.640	279.43	6.01
OTHER TRANS	79	95,777	141,498.31	1.48	4.240	1791.12	6.26
OTHER SERVICES	71	1,486	34,323.92	23.10	.066	483.44	1.52
ACUPUNCTURE	7	18	302.77	16.82	.001	43.25	.01
ADULT DAY HEALTH CARE CTR	13	249	17,301.08	69.48	.011	1330.85	.77
GENETIC DISEASE TESTING	7	7	735.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	17	69	10,889.08	157.81	.003	640.53	.48
OCCUPATIONAL THERAPIST	2	18	277.75	15.43	.001	138.88	.01
OPTICIAN	575	1,352	14,593.50	10.79	.060	25.38	.65
PHYSICAL THERAPIST	217	2,087	30,639.58	14.68	.092	141.20	1.36
PORTABLE X-RAY	1	2	1.50	.75	.000	1.50	.00
PROSTHETIST/ORTHOTISTS	34	110	32,287.71	293.52	.005	949.64	1.43
PROSTHETICS	34	110	32,287.71	293.52	.005	949.64	1.43
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	33	147	4,862.97	33.08	.007	147.36	.22
HOSPICE SERVICES	1	3	376.74	125.58	.000	376.74	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	261	6,130	48,703.26	7.95	.271	186.60	2.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	951	63,479		59,260.02		.93	2.810	62.31	2.62
@CALIF. CHILDREN SERVICES*	106	2,578	\$	217,097.41	\$	84.21	.114	\$ 2048.09	\$ 9.61
@XOVER EXCLUDING STATE HOSP**	2,379	16,283	\$	283,228.34	\$	17.39	.721	\$ 119.05	\$ 12.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
27,135 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,405	75,938	\$	4,055,754.58	\$ 53.41	2.799	\$ 263.28	\$ 149.47
@PHYSICIANS SERVICES	2,273	5,086	\$	186,480.73	\$ 36.67	.187	\$ 82.04	\$ 6.87
OUTPATIENT VISITS	841	1,057		38,706.81	36.62	.039	46.02	1.43
OFFICE VISITS	707	882		30,360.39	34.42	.033	42.94	1.12
HOME VISITS	1	1		27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	104	119		6,304.67	52.98	.004	60.62	.23
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	14		586.43	41.89	.001	146.61	.02
OTHER OUTPATIENT	39	41		1,427.83	34.83	.002	36.61	.05
INPATIENT VISITS	84	221		13,635.32	61.70	.008	162.33	.50
HOSPITAL VISITS	81	195		9,982.88	51.19	.007	123.25	.37
CRITICAL CARE	9	26		3,652.44	140.48	.001	405.83	.13
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	26	29		1,165.70	40.20	.001	44.83	.04
EXAMINATIONS	26	29		1,165.70	40.20	.001	44.83	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	71	206		34,713.27	168.51	.008	488.92	1.28
PRINCIPAL SURGEON	57	70		28,977.57	413.97	.003	508.38	1.07
ASSISTANT SURGEON	9	9		2,596.03	288.45	.000	288.45	.10
ANESTHESIOLOGIST	13	127		3,139.67	24.72	.005	241.51	.12

OUTPATIENT SURGERY	211	490		42,745.30	87.24	.018	202.58	1.58
PRINCIPAL SURGEON	192	287		38,816.77	135.25	.011	202.17	1.43
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	23	203		3,928.53	19.35	.007	170.81	.14
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	198	321		5,758.87	17.94	.012	29.09	.21
RADIOLOGY	1,065	1,494		31,190.66	20.88	.055	29.29	1.15
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	129	273		2,268.58	8.31	.010	17.59	.08
OTHER SERVICES/ALL X-OVERS	284	995		16,296.22	16.38	.037	57.38	.60
@PHARMACY	7,174	22,605	\$	986,228.52	\$ 43.63	.833	\$ 137.47	\$ 36.35
PRESCRIPTION DRUGS	7,130	17,183		970,889.93	56.50	.633	136.17	35.78
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	7,130	17,183		970,889.93	56.50	.633	136.17	35.78
MEDICAL SUPPLIES	154	5,422		15,338.59	2.83	.200	99.60	.57
@DENTIST	358	2,541	\$	93,432.97	\$ 36.77	.094	\$ 260.99	\$ 3.44
VISITS - DIAGNOSTIC	281	1,284		22,098.70	17.21	.047	78.64	.81
ORAL SURGERY	93	376		24,570.75	65.35	.014	264.20	.91
DRUGS	3	4		.00	.00	.000	.00	.00
ANESTHESIA	27	27		2,600.00	96.30	.001	96.30	.10
PERIODONTICS	1	1		55.00	55.00	.000	55.00	.00
ENDODONTICS	41	90		9,071.00	100.79	.003	221.24	.33
RESTORATIVE DENTISTRY	121	541		27,649.25	51.11	.020	228.51	1.02
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	12	26		5,308.27	204.16	.001	442.36	.20
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	6	6		300.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	17	19		1,450.00	76.32	.001	85.29	.05
ALL OTHER SERVICES	19	166		300.00	1.81	.006	15.79	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,326
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	27,135 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	417	1,077	\$	24,157.11	\$ 22.43	.040	\$ 57.93	\$.89
DIAGNOSTIC AND ANC. PROCED	297	343		13,245.03	38.62	.013	44.60	.49
EYE APPLIANCES	274	734		10,912.08	14.87	.027	39.83	.40
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	109	182	\$	2,997.06	\$ 16.47	.007	\$ 27.50	\$.11
VISITS	109	182		2,997.06	16.47	.007	27.50	.11
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	52	72	\$	2,750.02	\$ 38.19	.003	\$ 52.89	\$.10
MEDICINE/INJECTIONS	50	62		2,262.48	36.49	.002	45.25	.08
SURGERY/ANES.	3	3		210.35	70.12	.000	70.12	.01
RADIO./PATHOLOGY	3	5		86.50	17.30	.000	28.83	.00
OTHER	1	2		190.69	95.35	.000	190.69	.01
@HOME HEALTH AGENCY	14	68	\$	4,302.85	\$ 63.28	.003	\$ 307.35	\$.16
NURSE ANESTHESIST	167	930	\$	16,642.43	\$ 17.90	.034	\$ 99.66	\$.61
NURSE MIDWIFE	67	137	\$	23,763.70	\$ 173.46	.005	\$ 354.68	\$.88
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	\$	74.22	\$ 24.74	.000	\$ 24.74	\$.00
@TOTAL HOSPITAL	3,692	18,760	\$	1,526,293.49	\$ 81.36	.691	\$ 413.41	\$ 56.25
HOSP INPATIENT TOTAL	177	569		928,123.67	1631.15	.021	5243.64	34.20
HSC HOSPITALS	16	60		96,349.00	1605.82	.002	6021.81	3.55

NON-HSC HOSPITAL TOTAL	160	509	830,898.67	1632.41	.019	5193.12	30.62
ACCOMMODATIONS	160	509	341,791.51	671.50	.019	2136.20	12.60
ADMINISTRATIVE DAYS	1	2	231.30	115.65	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	160	507	341,560.21	673.69	.019	2134.75	12.59
ANCILLARIES	160	0	489,107.16	.00	.000	3056.92	18.02
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,597	18,191	598,169.82	32.88	.670	166.30	22.04
MEDICAL	1,942	2,691	157,992.35	58.71	.099	81.36	5.82
SURGERY	413	543	30,477.72	56.13	.020	73.80	1.12
PATHOLOGY	1,363	4,925	62,598.52	12.71	.181	45.93	2.31
RADIOLOGY	1,233	1,682	107,478.53	63.90	.062	87.17	3.96
ROOM USE	2,304	3,343	131,477.62	39.33	.123	57.06	4.85
CROSSOVERS/ALL OTH OUTPTNT	1,663	5,007	108,145.08	21.60	.185	65.03	3.99
@COUNTY HOSPITAL TOTAL	3	24	\$ 754.42	\$ 31.43	.001	\$ 251.47	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	24	754.42	31.43	.001	251.47	.03
MEDICAL	2	2	145.71	72.86	.000	72.86	.01
SURGERY	1	2	61.20	30.60	.000	61.20	.00
PATHOLOGY	1	8	146.91	18.36	.000	146.91	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	6	334.66	55.78	.000	111.55	.01
CROSSOVERS/ALL OTH OUTPTNT	1	6	65.94	10.99	.000	65.94	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,327
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
27,135 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,690	18,736	\$ 1,525,539.07	\$ 81.42	.690	\$ 413.43	\$ 56.22	
COMM HOSP INPATIENT TOTAL	177	569	928,123.67	1631.15	.021	5243.64	34.20	
HSC HOSPITALS	16	60	96,349.00	1605.82	.002	6021.81	3.55	
NON-HSC HOSPITALS TOTAL	160	509	830,898.67	1632.41	.019	5193.12	30.62	
ACCOMMODATIONS	160	509	341,791.51	671.50	.019	2136.20	12.60	
ADMINISTRATIVE DAYS	1	2	231.30	115.65	.000	231.30	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	160	507	341,560.21	673.69	.019	2134.75	12.59	
ANCILLARIES	160	0	489,107.16	.00	.000	3056.92	18.02	
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,595	18,167	597,415.40	32.88	.670	166.18	22.02	
MEDICAL	1,940	2,689	157,846.64	58.70	.099	81.36	5.82	
SURGERY	412	541	30,416.52	56.22	.020	73.83	1.12	
PATHOLOGY	1,363	4,917	62,451.61	12.70	.181	45.82	2.30	
RADIOLOGY	1,233	1,682	107,478.53	63.90	.062	87.17	3.96	
ROOM USE	2,302	3,337	131,142.96	39.30	.123	56.97	4.83	

CROSSOVERS/ALL OTH OUTPTNT	1,663	5,001	108,079.14	21.61	.184	64.99	3.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	20	151	\$ 3,369.24	\$ 22.31	.006	\$ 168.46	\$.12
HOSPITAL BASED	20	151	3,369.24	22.31	.006	168.46	.12
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	895	2,595	\$ 36,927.46	\$ 14.23	.096	\$ 41.26	\$ 1.36
PATHOLOGY	895	2,595	36,927.46	14.23	.096	41.26	1.36
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7,127	9,833	\$ 1,027,578.18	\$ 104.50	.362	\$ 144.18	\$ 37.87
CLINIC	34	122	4,861.13	39.85	.004	142.97	.18
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,098	9,711	1,022,717.05	105.32	.358	144.09	37.69

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,328
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
27,135 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,033	11,898	\$ 120,756.60	\$ 10.15	.438	\$ 116.90	\$ 4.45	
DURABLE MED. EQUIP.	25	32	2,468.05	77.13	.001	98.72	.09	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	153	4,116	57,348.44	13.93	.152	374.83	2.11	
AMBULANCES/AIR TRANS	153	4,104	45,843.80	11.17	.151	299.63	1.69	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	12	12	11,504.64	958.72	.000	958.72	.42	
ACUPUNCTURE	2	4	64.88	16.22	.000	32.44	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	31	31	3,255.00	105.00	.001	105.00	.12	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	260	550	4,705.21	8.55	.020	18.10	.17	
PHYSICAL THERAPIST	98	624	9,857.65	15.80	.023	100.59	.36	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	17	30	2,904.72	96.82	.001	170.87	.11	
PROSTHETICS	17	30	2,904.72	96.82	.001	170.87	.11	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	45	126	5,077.96	40.30	.005	112.84	.19	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	358	2,771	32,325.25	11.67	.102	90.29	1.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	62	3,614	2,749.44	.76	.133	44.35	.10
@CALIF. CHILDREN SERVICES*	58	377	\$ 76,795.88	\$ 203.70	.014	\$ 1324.07	\$ 2.83
@XOVER EXCLUDING STATE HOSP**	2	15	\$ 1,021.73	\$ 68.12	.001	\$ 510.87	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,329
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL	

53,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38,987	606,873	\$ 19,620,068.40	\$ 32.33	11.398	\$ 503.25	\$ 368.50
@PHYSICIANS SERVICES	6,875	17,972	\$ 648,230.32	\$ 36.07	.338	\$ 94.29	\$ 12.17
OUTPATIENT VISITS	2,082	2,804	101,014.76	36.03	.053	48.52	1.90
OFFICE VISITS	1,787	2,378	80,872.44	34.01	.045	45.26	1.52
HOME VISITS	3	3	71.59	23.86	.000	23.86	.00
EMERGENCY ROOM	231	288	15,963.91	55.43	.005	69.11	.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	10	31	858.80	27.70	.001	85.88	.02
OTHER OUTPATIENT	95	104	3,248.02	31.23	.002	34.19	.06
INPATIENT VISITS	249	935	57,673.79	61.68	.018	231.62	1.08
HOSPITAL VISITS	229	737	34,063.44	46.22	.014	148.75	.64
CRITICAL CARE	25	179	22,760.55	127.15	.003	910.42	.43
SNF/ICF/TRANS IP CARE	16	19	849.80	44.73	.000	53.11	.02
OPHTHALMOLOGICAL SERVICES	148	187	7,476.29	39.98	.004	50.52	.14
EXAMINATIONS	148	187	7,476.29	39.98	.004	50.52	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	212	1,094	111,817.01	102.21	.021	527.44	2.10
PRINCIPAL SURGEON	165	229	91,561.41	399.83	.004	554.92	1.72
ASSISTANT SURGEON	25	24	5,435.10	226.46	.000	217.40	.10
ANESTHESIOLOGIST	50	841	14,820.50	17.62	.016	296.41	.28
OUTPATIENT SURGERY	566	1,214	136,100.89	112.11	.023	240.46	2.56
PRINCIPAL SURGEON	531	763	127,432.28	167.01	.014	239.99	2.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	50	451	8,668.61	19.22	.008	173.37	.16
DIALYSIS	14	53	4,019.40	75.84	.001	287.10	.08
PATHOLOGY	566	987	17,178.87	17.41	.019	30.35	.32
RADIOLOGY	2,443	3,931	93,210.65	23.71	.074	38.15	1.75
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	200	498	17,039.57	34.22	.009	85.20	.32
OTHER SERVICES/ALL X-OVERS	2,357	6,269	102,699.09	16.38	.118	43.57	1.93
@PHARMACY	24,978	288,480	\$ 9,290,714.09	\$ 32.21	5.418	\$ 371.96	\$ 174.50
PRESCRIPTION DRUGS	24,638	92,141	9,093,493.17	98.69	1.731	369.08	170.79
SNF/ICF	192	1,980	183,856.42	92.86	.037	957.59	3.45
OUTPATIENTS	24,474	90,161	8,909,636.75	98.82	1.693	364.04	167.34
MEDICAL SUPPLIES	1,781	196,339	197,220.92	1.00	3.688	110.74	3.70
@DENTIST	765	4,427	\$ 191,585.89	\$ 43.28	.083	\$ 250.44	\$ 3.60
VISITS - DIAGNOSTIC	561	2,132	35,139.60	16.48	.040	62.64	.66
ORAL SURGERY	174	938	55,248.75	58.90	.018	317.52	1.04

DRUGS	5	7	.00	.00	.000	.00	.00
ANESTHESIA	60	60	5,900.00	98.33	.001	98.33	.11
PERIODONTICS	7	7	481.00	68.71	.000	68.71	.01
ENDODONTICS	55	125	15,568.00	124.54	.002	283.05	.29
RESTORATIVE DENTISTRY	191	719	36,508.25	50.78	.014	191.14	.69
PROSTHETICS	5	5	170.00	34.00	.000	34.00	.00
DENTURES, STAYPLATES	106	194	40,315.29	207.81	.004	380.33	.76
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	8	8	400.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	21	23	1,555.00	67.61	.000	74.05	.03
ALL OTHER SERVICES	32	209	300.00	1.44	.004	9.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,330
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL						

53,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,097	2,896	\$ 64,455.58	\$ 22.26	.054	\$ 58.76	\$ 1.21
DIAGNOSTIC AND ANC. PROCED	642	729	28,381.60	38.93	.014	44.21	.53
EYE APPLIANCES	797	2,146	35,250.39	16.43	.040	44.23	.66
OTHER OPTOMETRIC SERVICES	23	21	823.59	39.22	.000	35.81	.02
@CHIROPRACTOR	334	606	\$ 9,941.33	\$ 16.40	.011	\$ 29.76	\$.19
VISITS	318	581	9,626.54	16.57	.011	30.27	.18
OTHER SERVICES	16	25	314.79	12.59	.000	19.67	.01
@PODIATRIST	266	375	\$ 8,843.10	\$ 23.58	.007	\$ 33.24	\$.17
MEDICINE/INJECTIONS	138	167	5,410.98	32.40	.003	39.21	.10
SURGERY/ANES.	3	3	210.35	70.12	.000	70.12	.00
RADIO./PATHOLOGY	9	16	275.09	17.19	.000	30.57	.01
OTHER	128	189	2,946.68	15.59	.004	23.02	.06
@HOME HEALTH AGENCY	94	811	\$ 55,380.68	\$ 68.29	.015	\$ 589.16	\$ 1.04
NURSE ANESTHESIST	338	1,735	\$ 32,723.22	\$ 18.86	.033	\$ 96.81	\$.61

NURSE MIDWIFE	81	164	\$	28,409.36	\$	173.23	.003	\$	350.73	\$	.53
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20	.000	\$	57.20	\$	.00
FAMILY NURSE PRACTITIONER	6	6	\$	167.83	\$	27.97	.000	\$	27.97	\$	.00
@TOTAL HOSPITAL	8,328	42,877	\$	5,616,700.90	\$	131.00	.805	\$	674.44	\$	105.49
HOSP INPATIENT TOTAL	642	1,903		4,245,957.20		2231.19	.036		6613.64		79.75
HSC HOSPITALS	40	233		364,681.63		1565.16	.004		9117.04		6.85
NON-HSC HOSPITAL TOTAL	410	1,670		3,712,110.68		2222.82	.031		9053.93		69.72
ACCOMMODATIONS	410	1,670		1,276,333.43		764.27	.031		3113.01		23.97
ADMINISTRATIVE DAYS	2	16		9,576.30		598.52	.000		4788.15		.18
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	410	1,654		1,266,757.13		765.87	.031		3089.65		23.79
ANCILLARIES	410	0		2,435,777.25		.00	.000		5940.92		45.75
INPATIENT CROSSOVERS	196	0		169,164.89		.00	.000		863.09		3.18
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8,055	40,974		1,370,743.70		33.45	.770		170.17		25.75
MEDICAL	3,562	5,872		400,878.47		68.27	.110		112.54		7.53
SURGERY	781	1,017		54,967.19		54.05	.019		70.38		1.03
PATHOLOGY	2,932	11,821		143,901.21		12.17	.222		49.08		2.70
RADIOLOGY	2,716	3,904		281,299.67		72.05	.073		103.57		5.28
ROOM USE	3,961	6,160		248,381.97		40.32	.116		62.71		4.67
CROSSOVERS/ALL OTH OUTPTNT	4,128	12,200		241,315.19		19.78	.229		58.46		4.53
@COUNTY HOSPITAL TOTAL	21	83	\$	13,052.12	\$	157.25	.002	\$	621.53	\$	.25
CO HOSPITAL INPATIENT TOTAL	2	8		10,490.00		1311.25	.000		5245.00		.20
HSC HOSPITALS	2	8		10,490.00		1311.25	.000		5245.00		.20
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	20	75		2,562.12		34.16	.001		128.11		.05
MEDICAL	6	7		412.90		58.99	.000		68.82		.01
SURGERY	3	4		131.47		32.87	.000		43.82		.00
PATHOLOGY	6	30		388.82		12.96	.001		64.80		.01
RADIOLOGY	2	5		592.54		118.51	.000		296.27		.01
ROOM USE	9	15		791.95		52.80	.000		87.99		.01
CROSSOVERS/ALL OTH OUTPTNT	6	14		244.44		17.46	.000		40.74		.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

PAGE 2,331

03/14/05

	53,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	8,310	42,794	\$	5,603,648.78	\$	130.94	.804	\$	105.25		
COMM HOSP INPATIENT TOTAL	640	1,895		4,235,467.20		2235.08	.036		6617.92		79.55
HSC HOSPITALS	38	225		354,191.63		1574.19	.004		9320.83		6.65
NON-HSC HOSPITALS TOTAL	410	1,670		3,712,110.68		2222.82	.031		9053.93		69.72
ACCOMMODATIONS	410	1,670		1,276,333.43		764.27	.031		3113.01		23.97
ADMINISTRATIVE DAYS	2	16		9,576.30		598.52	.000		4788.15		.18
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	410	1,654		1,266,757.13		765.87	.031		3089.65		23.79
ANCILLARIES	410	0		2,435,777.25		.00	.000		5940.92		45.75
INPATIENT CROSSOVERS	196	0		169,164.89		.00	.000		863.09		3.18
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	8,038	40,899		1,368,181.58		33.45	.768	170.21	25.70
MEDICAL	3,556	5,865		400,465.57		68.28	.110	112.62	7.52
SURGERY	778	1,013		54,835.72		54.13	.019	70.48	1.03
PATHOLOGY	2,928	11,791		143,512.39		12.17	.221	49.01	2.70
RADIOLOGY	2,714	3,899		280,707.13		71.99	.073	103.43	5.27
ROOM USE	3,955	6,145		247,590.02		40.29	.115	62.60	4.65
CROSSOVERS/ALL OTH OUTPTNT	4,124	12,186		241,070.75		19.78	.229	58.46	4.53
@STATE HOSPITAL	5	152	\$	106,678.16	\$	701.83	.003	\$ 21335.63	\$ 2.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	5	152		106,678.16		701.83	.003	21335.63	2.00
@NURSING FACILITY	178	3,578	\$	529,600.84	\$	148.02	.067	\$ 2975.29	\$ 9.95
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	2	73		9,148.36		125.32	.001	4574.18	.17
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	176	3,505		520,452.48		148.49	.066	2957.12	9.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	401	\$	48,868.62	\$	121.87	.008	\$ 904.97	\$.92
HOSPITAL BASED	1	7		279.06		39.87	.000	279.06	.01
HEMODIALYSIS CENTER	53	394		48,589.56		123.32	.007	916.78	.91
@REHABILITATION FACILITY	46	393	\$	8,743.04	\$	22.25	.007	\$ 190.07	\$.16
HOSPITAL BASED	45	390		8,693.80		22.29	.007	193.20	.16
INDEPENDENT FACILITY	1	3		49.24		16.41	.000	49.24	.00
@LABORATORY FACILITY	2,309	7,424	\$	98,046.53	\$	13.21	.139	\$ 42.46	\$ 1.84
PATHOLOGY	2,303	7,401		97,877.37		13.22	.139	42.50	1.84
XO AND OTHERS	6	23		169.16		7.35	.000	28.19	.00
@ORGANIZED OUTPATIENT CLINIC	15,105	22,816	\$	2,105,307.36	\$	92.27	.429	\$ 139.38	\$ 39.54
CLINIC	59	179		7,603.38		42.48	.003	128.87	.14
SURGICENTER	1	1		8.52		8.52	.000	8.52	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	15,055	22,636		2,097,695.46		92.67	.425	139.34	39.40

#CALIF DEPT OF HEALTH SERV MOP024
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

PAGE 2,332
 03/14/05

	53,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,298	211,759	\$	775,614.35	\$ 3.66	3.977	\$ 180.46	\$ 14.57
DURABLE MED. EQUIP.	229	1,116		93,500.66	83.78	.021	408.30	1.76
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	10		4,053.37	405.34	.000	405.34	.08
MEDICAL TRANSPORTATION	787	116,786		373,506.48	3.20	2.193	474.60	7.02
AMBULANCES/AIR TRANS	644	18,666		183,185.10	9.81	.351	284.45	3.44
OTHER TRANS	97	96,517		143,023.11	1.48	1.813	1474.47	2.69
OTHER SERVICES	102	1,603		47,298.27	29.51	.030	463.71	.89
ACUPUNCTURE	9	22		367.65	16.71	.000	40.85	.01
ADULT DAY HEALTH CARE CTR	13	249		17,301.08	69.48	.005	1330.85	.32
GENETIC DISEASE TESTING	38	38		3,990.00	105.00	.001	105.00	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	17	69		10,889.08	157.81	.001	640.53	.20
OCCUPATIONAL THERAPIST	2	18		277.75	15.43	.000	138.88	.01
OPTICIAN	915	2,092		23,152.89	11.07	.039	25.30	.43
PHYSICAL THERAPIST	315	2,711		40,497.23	14.94	.051	128.56	.76

PORTABLE X-RAY	1	2	1.50	.75	.000	1.50	.00
PROSTHETIST/ORTHOTISTS	52	146	36,119.17	247.39	.003	694.60	.68
PROSTHETICS	52	146	36,119.17	247.39	.003	694.60	.68
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	85	281	11,122.53	39.58	.005	130.85	.21
HOSPICE SERVICES	1	3	376.74	125.58	.000	376.74	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	619	8,901	81,028.51	9.10	.167	130.90	1.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,440	79,315	79,429.71	1.00	1.490	55.16	1.49
@CALIF. CHILDREN SERVICES*	180	3,161	\$ 310,388.37	\$ 98.19	.059	\$ 1724.38	\$ 5.83
@XOVER EXCLUDING STATE HOSP**	3,445	21,583	\$ 472,679.77	\$ 21.90	.405	\$ 137.21	\$ 8.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,333
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

1,937 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,677	18,221	\$ 608,909.28	\$ 33.42	9.407	\$ 363.09	\$ 314.36
@PHYSICIANS SERVICES	292	658	\$ 10,803.72	\$ 16.42	.340	\$ 37.00	\$ 5.58
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	421.82	421.82	.001	421.82	.22
PRINCIPAL SURGEON	1	1	421.82	421.82	.001	421.82	.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.001	48.20	.02
RADIOLOGY	6	9	80.85	8.98	.005	13.48	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	284	647	10,252.85	15.85	.334	36.10	5.29
@PHARMACY	1,300	12,507	\$ 419,472.44	\$ 33.54	6.457	\$ 322.67	\$ 216.56
PRESCRIPTION DRUGS	1,286	5,083	410,414.75	80.74	2.624	319.14	211.88

SNF/ICF	28	220	12,480.78	56.73	.114	445.74	6.44
OUTPATIENTS	1,260	4,863	397,933.97	81.83	2.511	315.82	205.44
MEDICAL SUPPLIES	93	7,424	9,057.69	1.22	3.833	97.39	4.68
@DENTIST	32	159	\$ 9,785.65	\$ 61.54	.082	\$ 305.80	\$ 5.05
VISITS - DIAGNOSTIC	18	63	759.65	12.06	.033	42.20	.39
ORAL SURGERY	10	69	4,711.00	68.28	.036	471.10	2.43
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.002	100.00	.15
PERIODONTICS	2	2	110.00	55.00	.001	55.00	.06
ENDODONTICS	1	1	.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.001	55.00	.03
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	10	17	3,820.00	224.71	.009	382.00	1.97
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,334
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

1,937 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	80	\$ 1,591.25	\$ 19.89	.041	\$ 58.94	\$.82
DIAGNOSTIC AND ANC. PROCED	8	10	371.59	37.16	.005	46.45	.19
EYE APPLIANCES	24	67	1,170.35	17.47	.035	48.76	.60
OTHER OPTOMETRIC SERVICES	2	3	49.31	16.44	.002	24.66	.03
@CHIROPRACTOR	1	4	\$ 50.16	\$ 12.54	.002	\$ 50.16	\$.03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	4	50.16	12.54	.002	50.16	.03
@PODIATRIST	43	79	\$ 762.28	\$ 9.65	.041	\$ 17.73	\$.39
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	43	79	762.28	9.65	.041	17.73	.39
@HOME HEALTH AGENCY	1	6	\$ 449.16	\$ 74.86	.003	\$ 449.16	\$.23
NURSE ANESTHESIST	3	4	62.31	15.58	.002	20.77	.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	187	589	\$ 47,359.71	\$ 80.41	.304	\$ 253.26	\$ 24.45
HOSP INPATIENT TOTAL	36	3	36,547.79	12182.60	.002	1015.22	18.87
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	8,165.66	2721.89	.002	8165.66	4.22
ACCOMMODATIONS	1	3	3,735.03	1245.01	.002	3735.03	1.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	3,735.03	1245.01	.002	3735.03	1.93
ANCILLARIES	1	0	4,430.63	.00	.000	4430.63	2.29
INPATIENT CROSSOVERS	35	0	28,382.13	.00	.000	810.92	14.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	176	586	10,811.92	18.45	.303	61.43	5.58
MEDICAL	9	13	755.78	58.14	.007	83.98	.39
SURGERY	1	1	13.43	13.43	.001	13.43	.01
PATHOLOGY	7	19	221.89	11.68	.010	31.70	.11

RADIOLOGY	5	6	141.95	23.66	.003	28.39	.07
ROOM USE	2	2	171.09	85.55	.001	85.55	.09
CROSSOVERS/ALL OTH OUTPTNT	160	545	9,507.78	17.45	.281	59.42	4.91
@COUNTY HOSPITAL TOTAL	4	10	\$ 286.60	\$ 28.66	.005	\$ 71.65	\$.15
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	10	286.60	28.66	.005	71.65	.15
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10	286.60	28.66	.005	71.65	.15

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,335
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,937 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	183	579	\$ 47,073.11	\$ 81.30	.299	\$ 257.23	\$ 24.30
COMM HOSP INPATIENT TOTAL	36	3	36,547.79	12182.60	.002	1015.22	18.87
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	8,165.66	2721.89	.002	8165.66	4.22
ACCOMMODATIONS	1	3	3,735.03	1245.01	.002	3735.03	1.93

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	3,735.03	1245.01	.002	3735.03	1.93
ANCILLARIES	1	0	4,430.63	.00	.000	4430.63	2.29
INPATIENT CROSSOVERS	35	0	28,382.13	.00	.000	810.92	14.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	172	576	10,525.32	18.27	.297	61.19	5.43
MEDICAL	9	13	755.78	58.14	.007	83.98	.39
SURGERY	1	1	13.43	13.43	.001	13.43	.01
PATHOLOGY	7	19	221.89	11.68	.010	31.70	.11
RADIOLOGY	5	6	141.95	23.66	.003	28.39	.07
ROOM USE	2	2	171.09	85.55	.001	85.55	.09
CROSSOVERS/ALL OTH OUTPTNT	156	535	9,221.18	17.24	.276	59.11	4.76
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	37	561	81,403.73	145.10	.290	2200.10	42.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	37	561	81,403.73	145.10	.290	2200.10	42.03
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	30	276.03	9.20	.015	18.40	.14
PATHOLOGY	14	25	269.73	10.79	.013	19.27	.14
XO AND OTHERS	1	5	6.30	1.26	.003	6.30	.00
@ORGANIZED OUTPATIENT CLINIC	290	450	26,503.85	58.90	.232	91.39	13.68
CLINIC	1	3	187.77	62.59	.002	187.77	.10
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	289	447	26,316.08	58.87	.231	91.06	13.59

#CALIF DEPT OF HEALTH SERV MPO24 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U 1X

		----- MONTHLY AVERAGE -----						
1,937 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	223	3,094	\$ 10,388.99	\$ 3.36	1.597	\$ 46.59	\$ 5.36	
DURABLE MED. EQUIP.	3	6	252.22	42.04	.003	84.07	.13	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	531.33	531.33	.001	531.33	.27	
MEDICAL TRANSPORTATION	12	1,029	1,707.39	1.66	.531	142.28	.88	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	11	1,024	1,700.55	1.66	.529	154.60	.88	
OTHER SERVICES	1	5	6.84	1.37	.003	6.84	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	42	94	1,069.26	11.38	.049	25.46	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.001	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	970.61	485.31	.001	485.31	.50
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	170	1,961	5,857.68	2.99	1.012	34.46	3.02
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	543	4,499	\$ 71,982.29	\$ 16.00	2.323	\$ 132.56	\$ 37.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,337
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	355	\$ 39,352.96	\$ 110.85	44.375	\$ 3577.54	\$ 4919.12
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	9	94	\$	8,158.29	\$	86.79	11.750	\$ 906.48	\$ 1019.79
PRESCRIPTION DRUGS	9	94		8,158.29		86.79	11.750	906.48	1019.79
SNF/ICF	9	94		8,158.29		86.79	11.750	906.48	1019.79
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
						AID CODE 24			

PAGE 2,338
03/14/05

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,339
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	260	\$ 31,096.00	\$ 119.60	32.500	\$ 3109.60	\$ 3887.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	260		31,096.00	119.60	32.500	3109.60	3887.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	.00	.000	.00	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

PAGE 2,340
 03/14/05

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 98.67	\$ 98.67	.125	\$ 98.67	\$ 12.33
DURABLE MED. EQUIP.	1	1	98.67	98.67	.125	98.67	12.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	1,648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,685	16,343	\$	898,802.14	\$ 55.00	9.917	\$ 533.41	\$ 545.39
@PHYSICIANS SERVICES	273	895	\$	23,168.34	\$ 25.89	.543	\$ 84.87	\$ 14.06
OUTPATIENT VISITS	54	82		2,817.53	34.36	.050	52.18	1.71
OFFICE VISITS	44	70		2,051.95	29.31	.042	46.64	1.25
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8		653.98	81.75	.005	93.43	.40
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	4		111.60	27.90	.002	37.20	.07
INPATIENT VISITS	7	120		4,470.46	37.25	.073	638.64	2.71
HOSPITAL VISITS	5	118		4,358.36	36.94	.072	871.67	2.64
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2		112.10	56.05	.001	56.05	.07
OPHTHALMOLOGICAL SERVICES	3	3		117.71	39.24	.002	39.24	.07
EXAMINATIONS	3	3		117.71	39.24	.002	39.24	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	53		6,797.80	128.26	.032	849.73	4.12
PRINCIPAL SURGEON	7	15		5,863.86	390.92	.009	837.69	3.56
ASSISTANT SURGEON	1	1		168.65	168.65	.001	168.65	.10
ANESTHESIOLOGIST	3	37		765.29	20.68	.022	255.10	.46

OUTPATIENT SURGERY	8	11		2,713.46	246.68	.007	339.18	1.65
PRINCIPAL SURGEON	8	11		2,713.46	246.68	.007	339.18	1.65
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	19	66		345.68	5.24	.040	18.19	.21
RADIOLOGY	41	71		1,295.65	18.25	.043	31.60	.79
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4		36.47	9.12	.002	9.12	.02
OTHER SERVICES/ALL X-OVERS	176	485		4,573.58	9.43	.294	25.99	2.78
@PHARMACY	1,245	10,809	\$	587,079.33	\$ 54.31	6.559	\$ 471.55	\$ 356.24
PRESCRIPTION DRUGS	1,233	5,610		578,014.00	103.03	3.404	468.79	350.74
SNF/ICF	21	308		17,301.00	56.17	.187	823.86	10.50
OUTPATIENTS	1,215	5,302		560,713.00	105.75	3.217	461.49	340.24
MEDICAL SUPPLIES	101	5,199		9,065.33	1.74	3.155	89.76	5.50
@DENTIST	41	168	\$	6,028.00	\$ 35.88	.102	\$ 147.02	\$ 3.66
VISITS - DIAGNOSTIC	31	122		1,403.00	11.50	.074	45.26	.85
ORAL SURGERY	7	21		1,014.00	48.29	.013	144.86	.62
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.06
PERIODONTICS	1	1		118.00	118.00	.001	118.00	.07
ENDODONTICS	1	3		590.00	196.67	.002	590.00	.36
RESTORATIVE DENTISTRY	7	13		633.00	48.69	.008	90.43	.38
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	7		2,170.00	310.00	.004	434.00	1.32
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,342	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

----- MONTHLY AVERAGE -----								
1,648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	48	133	\$ 2,692.90	\$ 20.25	.081	\$ 56.10	\$ 1.63	
DIAGNOSTIC AND ANC. PROCED	14	17	648.28	38.13	.010	46.31	.39	
EYE APPLIANCES	41	115	1,948.27	16.94	.070	47.52	1.18	
OTHER OPTOMETRIC SERVICES	3	1	96.35	96.35	.001	32.12	.06	
@CHIROPRACTOR	5	9	\$ 128.01	\$ 14.22	.005	\$ 25.60	\$.08	
VISITS	2	3	50.16	16.72	.002	25.08	.03	
OTHER SERVICES	4	6	77.85	12.98	.004	19.46	.05	
@PODIATRIST	31	52	\$ 1,100.17	\$ 21.16	.032	\$ 35.49	\$.67	
MEDICINE/INJECTIONS	4	4	129.20	32.30	.002	32.30	.08	
SURGERY/ANES.	1	2	108.14	54.07	.001	108.14	.07	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	26	46	862.83	18.76	.028	33.19	.52	
@HOME HEALTH AGENCY	1	13	\$ 928.45	\$ 71.42	.008	\$ 928.45	\$.56	
NURSE ANESTHESIST	6	39	\$ 504.26	\$ 12.93	.024	\$ 84.04	\$.31	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	194	802	\$ 146,201.90	\$ 182.30	.487	\$ 753.62	\$ 88.71	
HOSP INPATIENT TOTAL	27	40	124,130.85	3103.27	.024	4597.44	75.32	
HSC HOSPITALS	2	4	4,824.00	1206.00	.002	2412.00	2.93	

NON-HSC HOSPITAL TOTAL	10	36	106,591.84	2960.88	.022	10659.18	64.68
ACCOMMODATIONS	10	36	28,689.90	796.94	.022	2868.99	17.41
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.002	925.20	.56
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	32	27,764.70	867.65	.019	3084.97	16.85
ANCILLARIES	10	0	77,901.94	.00	.000	7790.19	47.27
INPATIENT CROSSOVERS	15	0	12,715.01	.00	.000	847.67	7.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	183	762	22,071.05	28.96	.462	120.61	13.39
MEDICAL	29	75	4,225.87	56.34	.046	145.72	2.56
SURGERY	8	8	384.75	48.09	.005	48.09	.23
PATHOLOGY	48	238	3,011.58	12.65	.144	62.74	1.83
RADIOLOGY	36	48	2,627.08	54.73	.029	72.97	1.59
ROOM USE	34	55	2,604.45	47.35	.033	76.60	1.58
CROSSOVERS/ALL OTH OUTPTNT	131	338	9,217.32	27.27	.205	70.36	5.59
@COUNTY HOSPITAL TOTAL	1	3	\$ 100.27	\$ 33.42	.002	\$ 100.27	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	100.27	33.42	.002	100.27	.06
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	100.27	33.42	.002	100.27	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,343
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

1,648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	193	799	\$ 146,101.63	\$ 182.86	.485	\$ 757.00	\$ 88.65
COMM HOSP INPATIENT TOTAL	27	40	124,130.85	3103.27	.024	4597.44	75.32
HSC HOSPITALS	2	4	4,824.00	1206.00	.002	2412.00	2.93
NON-HSC HOSPITALS TOTAL	10	36	106,591.84	2960.88	.022	10659.18	64.68
ACCOMMODATIONS	10	36	28,689.90	796.94	.022	2868.99	17.41
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.002	925.20	.56
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	32	27,764.70	867.65	.019	3084.97	16.85
ANCILLARIES	10	0	77,901.94	.00	.000	7790.19	47.27
INPATIENT CROSSOVERS	15	0	12,715.01	.00	.000	847.67	7.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	182	759	21,970.78	28.95	.461	120.72	13.33
MEDICAL	29	75	4,225.87	56.34	.046	145.72	2.56
SURGERY	8	8	384.75	48.09	.005	48.09	.23
PATHOLOGY	48	238	3,011.58	12.65	.144	62.74	1.83
RADIOLOGY	36	48	2,627.08	54.73	.029	72.97	1.59
ROOM USE	34	55	2,604.45	47.35	.033	76.60	1.58

CROSSOVERS/ALL OTH OUTPTNT	130	335		9,117.05	27.22	.203	70.13	5.53
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	19	378	\$	56,305.15	\$ 148.96	.229	\$ 2963.43	\$ 34.17
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19	378		56,305.15	148.96	.229	2963.43	34.17
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	26	\$	400.23	\$ 15.39	.016	\$ 200.12	\$.24
HOSPITAL BASED	2	26		400.23	15.39	.016	200.12	.24
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	52	143	\$	1,789.46	\$ 12.51	.087	\$ 34.41	\$ 1.09
PATHOLOGY	52	143		1,789.46	12.51	.087	34.41	1.09
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	472	733	\$	44,042.51	\$ 60.09	.445	\$ 93.31	\$ 26.72
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	472	733		44,042.51	60.09	.445	93.31	26.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,344
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	1,648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	199		2,143	\$ 28,433.43	\$ 13.27	1.300	\$ 142.88	\$ 17.25
DURABLE MED. EQUIP.	10		25	9,416.32	376.65	.015	941.63	5.71
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22		302	4,564.83	15.12	.183	207.49	2.77
AMBULANCES/AIR TRANS	14		258	2,381.38	9.23	.157	170.10	1.45
OTHER TRANS	3		14	103.66	7.40	.008	34.55	.06
OTHER SERVICES	6		30	2,079.79	69.33	.018	346.63	1.26
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	49		119	1,193.68	10.03	.072	24.36	.72
PHYSICAL THERAPIST	2		19	278.31	14.65	.012	139.16	.17
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5		5	1,602.67	320.53	.003	320.53	.97

HOSPICE SERVICES	1	15		1,827.45	121.83	.009	1827.45	1.11
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	718		5,926.09	8.25	.436	370.38	3.60
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	102	940		3,624.08	3.86	.570	35.53	2.20
@CALIF. CHILDREN SERVICES*	1	1	\$	2,275.45	\$ 2275.45	.001	\$ 2275.45	\$ 1.38
@XOVER EXCLUDING STATE HOSP**	351	3,203	\$	39,686.34	\$ 12.39	1.944	\$ 113.07	\$ 24.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,345
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

	28,969 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,936		64,142	\$ 3,950,545.30	\$ 61.59	2.214	\$ 283.48	\$ 136.37
@PHYSICIANS SERVICES	2,098		4,662	\$ 195,688.22	\$ 41.98	.161	\$ 93.27	\$ 6.76
OUTPATIENT VISITS	699		866	31,871.36	36.80	.030	45.60	1.10
OFFICE VISITS	588		733	25,551.51	34.86	.025	43.45	.88
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	77		85	4,112.45	48.38	.003	53.41	.14
PREVENTIVE CARE	1		1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	13		20	1,262.06	63.10	.001	97.08	.04
OTHER OUTPATIENT	26		27	910.65	33.73	.001	35.03	.03
INPATIENT VISITS	87		279	15,552.78	55.74	.010	178.77	.54
HOSPITAL VISITS	75		212	9,084.11	42.85	.007	121.12	.31
CRITICAL CARE	18		67	6,468.67	96.55	.002	359.37	.22
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	33		39	1,621.93	41.59	.001	49.15	.06

EXAMINATIONS	33	39		1,621.93	41.59	.001	49.15	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	79	428		34,843.10	81.41	.015	441.05	1.20
PRINCIPAL SURGEON	56	82		28,487.31	347.41	.003	508.70	.98
ASSISTANT SURGEON	12	12		1,740.44	145.04	.000	145.04	.06
ANESTHESIOLOGIST	20	334		4,615.35	13.82	.012	230.77	.16
OUTPATIENT SURGERY	231	434		49,388.80	113.80	.015	213.80	1.70
PRINCIPAL SURGEON	221	327		46,984.74	143.68	.011	212.60	1.62
ASSISTANT SURGEON	2	2		269.54	134.77	.000	134.77	.01
ANESTHESIOLOGIST	13	105		2,134.52	20.33	.004	164.19	.07
DIALYSIS	3	39		648.18	16.62	.001	216.06	.02
PATHOLOGY	175	245		5,694.76	23.24	.008	32.54	.20
RADIOLOGY	1,020	1,518		37,942.53	25.00	.052	37.20	1.31
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	78	159		1,305.16	8.21	.005	16.73	.05
OTHER SERVICES/ALL X-OVERS	258	655		16,819.62	25.68	.023	65.19	.58
@PHARMACY	6,550	17,767	\$	955,197.86	\$ 53.76	.613	\$ 145.83	\$ 32.97
PRESCRIPTION DRUGS	6,505	15,610		945,724.09	60.58	.539	145.38	32.65
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	6,505	15,610		945,724.09	60.58	.539	145.38	32.65
MEDICAL SUPPLIES	104	2,157		9,473.77	4.39	.074	91.09	.33
@DENTIST	258	1,992	\$	74,516.00	\$ 37.41	.069	\$ 288.82	\$ 2.57
VISITS - DIAGNOSTIC	209	958		16,631.75	17.36	.033	79.58	.57
ORAL SURGERY	82	395		25,306.25	64.07	.014	308.61	.87
DRUGS	3	3		75.00	25.00	.000	25.00	.00
ANESTHESIA	31	31		2,900.00	93.55	.001	93.55	.10
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	36	77		5,400.00	70.13	.003	150.00	.19
RESTORATIVE DENTISTRY	95	410		20,353.00	49.64	.014	214.24	.70
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	14		3,410.00	243.57	.000	378.89	.12
SPACE MAINTAINERS	2	2		200.00	100.00	.000	100.00	.01
MAXILLOFACIAL SERVICES	3	3		100.00	33.33	.000	33.33	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4		140.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	12	95		.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,346
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							

	28,969 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	379	1,016	\$	23,426.53	\$ 23.06	.035	\$ 61.81	\$.81
DIAGNOSTIC AND ANC. PROCED	294	328		13,203.22	40.25	.011	44.91	.46
EYE APPLIANCES	239	684		10,189.08	14.90	.024	42.63	.35
OTHER OPTOMETRIC SERVICES	3	4		34.23	8.56	.000	11.41	.00
@CHIROPRACTOR	175	290	\$	4,747.12	\$ 16.37	.010	\$ 27.13	\$.16
VISITS	173	288		4,719.22	16.39	.010	27.28	.16
OTHER SERVICES	2	2		27.90	13.95	.000	13.95	.00
@PODIATRIST	16	24	\$	656.08	\$ 27.34	.001	\$ 41.01	\$.02
MEDICINE/INJECTIONS	16	18		552.28	30.68	.001	34.52	.02
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	3	6		103.80	17.30	.000	34.60	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	18	67	\$	4,398.01	\$ 65.64	.002	\$ 244.33	\$.15
NURSE ANESTHESIST	173	961	\$	18,173.13	\$ 18.91	.033	\$ 105.05	\$.63

NURSE MIDWIFE	69	134	\$	23,865.81	\$	178.10	.005	\$	345.88	\$	.82
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3,266	16,748	\$	1,575,617.72	\$	94.08	.578	\$	482.43	\$	54.39
HOSP INPATIENT TOTAL	169	697		1,045,308.46		1499.73	.024		6185.26		36.08
HSC HOSPITALS	13	54		72,212.00		1337.26	.002		5554.77		2.49
NON-HSC HOSPITAL TOTAL	156	643		970,551.10		1509.41	.022		6221.48		33.50
ACCOMMODATIONS	156	643		454,100.23		706.22	.022		2910.90		15.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	156	643		454,100.23		706.22	.022		2910.90		15.68
ANCILLARIES	156	0		516,450.87		.00	.000		3310.58		17.83
INPATIENT CROSSOVERS	3	0		2,545.36		.00	.000		848.45		.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,180	16,051		530,309.26		33.04	.554		166.76		18.31
MEDICAL	1,512	2,095		119,668.54		57.12	.072		79.15		4.13
SURGERY	348	447		24,959.22		55.84	.015		71.72		.86
PATHOLOGY	1,256	4,578		56,715.10		12.39	.158		45.16		1.96
RADIOLOGY	1,136	1,641		109,486.28		66.72	.057		96.38		3.78
ROOM USE	1,860	2,710		106,974.34		39.47	.094		57.51		3.69
CROSSOVERS/ALL OTH OUTPTNT	1,446	4,580		112,505.78		24.56	.158		77.80		3.88
@COUNTY HOSPITAL TOTAL	2	3	\$	111.35	\$	37.12	.000	\$	55.68	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	3		111.35		37.12	.000		55.68		.00
MEDICAL	1	1		64.19		64.19	.000		64.19		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.21		34.21	.000		34.21		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		12.95		12.95	.000		12.95		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	28,969 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	3,264	16,745	\$	1,575,506.37	\$	94.09	.578	\$	482.69	\$	54.39
COMM HOSP INPATIENT TOTAL	169	697		1,045,308.46		1499.73	.024		6185.26		36.08
HSC HOSPITALS	13	54		72,212.00		1337.26	.002		5554.77		2.49
NON-HSC HOSPITALS TOTAL	156	643		970,551.10		1509.41	.022		6221.48		33.50
ACCOMMODATIONS	156	643		454,100.23		706.22	.022		2910.90		15.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	156	643		454,100.23		706.22	.022		2910.90		15.68
ANCILLARIES	156	0		516,450.87		.00	.000		3310.58		17.83
INPATIENT CROSSOVERS	3	0		2,545.36		.00	.000		848.45		.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	3,178	16,048		530,197.91	33.04	.554	166.83	18.30
MEDICAL	1,511	2,094		119,604.35	57.12	.072	79.16	4.13
SURGERY	348	447		24,959.22	55.84	.015	71.72	.86
PATHOLOGY	1,256	4,578		56,715.10	12.39	.158	45.16	1.96
RADIOLOGY	1,136	1,641		109,486.28	66.72	.057	96.38	3.78
ROOM USE	1,859	2,709		106,940.13	39.48	.094	57.53	3.69
CROSSOVERS/ALL OTH OUTPTNT	1,445	4,579		112,492.83	24.57	.158	77.85	3.88
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	32	\$	3,358.44	\$ 104.95	.001	\$ 1679.22	\$.12
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	32		3,358.44	104.95	.001	1679.22	.12
@REHABILITATION FACILITY	20	184	\$	3,678.88	\$ 19.99	.006	\$ 183.94	\$.13
HOSPITAL BASED	20	184		3,678.88	19.99	.006	183.94	.13
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	967	2,732	\$	41,747.29	\$ 15.28	.094	\$ 43.17	\$ 1.44
PATHOLOGY	967	2,732		41,747.29	15.28	.094	43.17	1.44
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,205	8,591	\$	905,278.04	\$ 105.38	.297	\$ 145.89	\$ 31.25
CLINIC	27	100		4,174.02	41.74	.003	154.59	.14
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6,180	8,491		901,104.02	106.12	.293	145.81	31.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,348
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	28,969 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	875	8,942	\$	120,196.17	\$ 13.44	.309	\$ 137.37	\$ 4.15
DURABLE MED. EQUIP.	22	37		3,212.82	86.83	.001	146.04	.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	137	4,620		59,841.71	12.95	.159	436.80	2.07
AMBULANCES/AIR TRANS	134	3,874		40,890.53	10.56	.134	305.15	1.41
OTHER TRANS	2	726		1,041.90	1.44	.025	520.95	.04
OTHER SERVICES	19	20		17,909.28	895.46	.001	942.59	.62
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3		208.74	69.58	.000	208.74	.01
GENETIC DISEASE TESTING	47	47		4,935.00	105.00	.002	105.00	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	234	507		4,492.56	8.86	.018	19.20	.16
PHYSICAL THERAPIST	133	1,093		17,669.50	16.17	.038	132.85	.61

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	21	2,194.19	104.49	.001	168.78	.08
PROSTHETICS	12	20	2,144.24	107.21	.001	178.69	.07
ORTHOTICS	1	1	49.95	49.95	.000	49.95	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	22	67	2,707.27	40.41	.002	123.06	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	225	1,846	20,819.92	11.28	.064	92.53	.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	61	701	4,114.46	5.87	.024	67.45	.14
@CALIF. CHILDREN SERVICES*	43	237	\$ 60,739.66	\$ 256.29	.008	\$ 1412.55	\$ 2.10
@XOVER EXCLUDING STATE HOSP**	63	123	\$ 4,844.44	\$ 39.39	.004	\$ 76.90	\$.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,349
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

32,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17,309	99,061	\$ 5,497,609.68	\$ 55.50	3.042	\$ 317.62	\$ 168.84
@PHYSICIANS SERVICES	2,663	6,215	\$ 229,660.28	\$ 36.95	.191	\$ 86.24	\$ 7.05
OUTPATIENT VISITS	753	948	34,688.89	36.59	.029	46.07	1.07
OFFICE VISITS	632	803	27,603.46	34.38	.025	43.68	.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	84	93	4,766.43	51.25	.003	56.74	.15
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	13	20	1,262.06	63.10	.001	97.08	.04
OTHER OUTPATIENT	29	31	1,022.25	32.98	.001	35.25	.03
INPATIENT VISITS	94	399	20,023.24	50.18	.012	213.01	.61
HOSPITAL VISITS	80	330	13,442.47	40.73	.010	168.03	.41
CRITICAL CARE	18	67	6,468.67	96.55	.002	359.37	.20
SNF/ICF/TRANS IP CARE	2	2	112.10	56.05	.000	56.05	.00
OPHTHALMOLOGICAL SERVICES	36	42	1,739.64	41.42	.001	48.32	.05
EXAMINATIONS	36	42	1,739.64	41.42	.001	48.32	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	88	482	42,062.72	87.27	.015	477.99	1.29
PRINCIPAL SURGEON	64	98	34,772.99	354.83	.003	543.33	1.07
ASSISTANT SURGEON	13	13	1,909.09	146.85	.000	146.85	.06
ANESTHESIOLOGIST	23	371	5,380.64	14.50	.011	233.94	.17
OUTPATIENT SURGERY	239	445	52,102.26	117.08	.014	218.00	1.60
PRINCIPAL SURGEON	229	338	49,698.20	147.04	.010	217.02	1.53
ASSISTANT SURGEON	2	2	269.54	134.77	.000	134.77	.01
ANESTHESIOLOGIST	13	105	2,134.52	20.33	.003	164.19	.07
DIALYSIS	3	39	648.18	16.62	.001	216.06	.02
PATHOLOGY	195	312	6,088.64	19.51	.010	31.22	.19
RADIOLOGY	1,067	1,598	39,319.03	24.61	.049	36.85	1.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	82	163	1,341.63	8.23	.005	16.36	.04
OTHER SERVICES/ALL X-OVERS	718	1,787	31,646.05	17.71	.055	44.08	.97
@PHARMACY	9,104	41,177	\$ 1,969,907.92	\$ 47.84	1.265	\$ 216.38	\$ 60.50
PRESCRIPTION DRUGS	9,033	26,397	1,942,311.13	73.58	.811	215.02	59.65

SNF/ICF	58	622		37,940.07	61.00	.019	654.14	1.17	
OUTPATIENTS	8,980	25,775		1,904,371.06	73.88	.792	212.07	58.48	
MEDICAL SUPPLIES	298	14,780		27,596.79	1.87	.454	92.61	.85	
@DENTIST	331	2,319	\$	90,329.65	\$ 38.95	.071	\$ 272.90	\$ 2.77	
VISITS - DIAGNOSTIC	258	1,143		18,794.40	16.44	.035	72.85	.58	
ORAL SURGERY	99	485		31,031.25	63.98	.015	313.45	.95	
DRUGS	3	3		75.00	25.00	.000	25.00	.00	
ANESTHESIA	35	35		3,300.00	94.29	.001	94.29	.10	
PERIODONTICS	3	3		228.00	76.00	.000	76.00	.01	
ENDODONTICS	38	81		5,990.00	73.95	.002	157.63	.18	
RESTORATIVE DENTISTRY	103	424		21,041.00	49.63	.013	204.28	.65	
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00	
DENTURES, STAYPLATES	24	38		9,400.00	247.37	.001	391.67	.29	
SPACE MAINTAINERS	2	2		200.00	100.00	.000	100.00	.01	
MAXILLOFACIAL SERVICES	3	3		100.00	33.33	.000	33.33	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	4	4		140.00	35.00	.000	35.00	.00	
ALL OTHER SERVICES	15	97		.00	.00	.003	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 2,350
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL								

					----- MONTHLY AVERAGE -----			
32,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	454	1,229	\$ 27,710.68	\$ 22.55	.038	\$ 61.04	\$.85	
DIAGNOSTIC AND ANC. PROCED	316	355	14,223.09	40.07	.011	45.01	.44	
EYE APPLIANCES	304	866	13,307.70	15.37	.027	43.78	.41	
OTHER OPTOMETRIC SERVICES	8	8	179.89	22.49	.000	22.49	.01	
@CHIROPRACTOR	181	303	\$ 4,925.29	\$ 16.26	.009	\$ 27.21	\$.15	
VISITS	175	291	4,769.38	16.39	.009	27.25	.15	
OTHER SERVICES	7	12	155.91	12.99	.000	22.27	.00	
@PODIATRIST	90	155	\$ 2,518.53	\$ 16.25	.005	\$ 27.98	\$.08	

MEDICINE/INJECTIONS	20	22		681.48	30.98	.001	34.07	.02
SURGERY/ANES.	1	2		108.14	54.07	.000	108.14	.00
RADIO./PATHOLOGY	3	6		103.80	17.30	.000	34.60	.00
OTHER	69	125		1,625.11	13.00	.004	23.55	.05
@HOME HEALTH AGENCY	20	86	\$	5,775.62	\$ 67.16	.003	\$ 288.78	\$.18
NURSE ANESTHESIST	182	1,004	\$	18,739.70	\$ 18.67	.031	\$ 102.97	\$.58
NURSE MIDWIFE	69	134	\$	23,865.81	\$ 178.10	.004	\$ 345.88	\$.73
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,647	18,139	\$	1,769,179.33	\$ 97.53	.557	\$ 485.11	\$ 54.33
HOSP INPATIENT TOTAL	232	740		1,205,987.10	1629.71	.023	5198.22	37.04
HSC HOSPITALS	15	58		77,036.00	1328.21	.002	5135.73	2.37
NON-HSC HOSPITAL TOTAL	167	682		1,085,308.60	1591.36	.021	6498.85	33.33
ACCOMMODATIONS	167	682		486,525.16	713.38	.021	2913.32	14.94
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.000	925.20	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	166	678		485,599.96	716.22	.021	2925.30	14.91
ANCILLARIES	167	0		598,783.44	.00	.000	3585.53	18.39
INPATIENT CROSSOVERS	53	0		43,642.50	.00	.000	823.44	1.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,539	17,399		563,192.23	32.37	.534	159.14	17.30
MEDICAL	1,550	2,183		124,650.19	57.10	.067	80.42	3.83
SURGERY	357	456		25,357.40	55.61	.014	71.03	.78
PATHOLOGY	1,311	4,835		59,948.57	12.40	.148	45.73	1.84
RADIOLOGY	1,177	1,695		112,255.31	66.23	.052	95.37	3.45
ROOM USE	1,896	2,767		109,749.88	39.66	.085	57.88	3.37
CROSSOVERS/ALL OTH OUTPTNT	1,737	5,463		131,230.88	24.02	.168	75.55	4.03
@COUNTY HOSPITAL TOTAL	7	16	\$	498.22	\$ 31.14	.000	\$ 71.17	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	16		498.22	31.14	.000	71.17	.02
MEDICAL	1	1		64.19	64.19	.000	64.19	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		34.21	34.21	.000	34.21	.00
CROSSOVERS/ALL OTH OUTPTNT	6	14		399.82	28.56	.000	66.64	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,351
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
32,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,640	18,123	\$ 1,768,681.11	\$ 97.59	.557	\$ 485.90	\$ 54.32	
COMM HOSP INPATIENT TOTAL	232	740	1,205,987.10	1629.71	.023	5198.22	37.04	
HSC HOSPITALS	15	58	77,036.00	1328.21	.002	5135.73	2.37	
NON-HSC HOSPITALS TOTAL	167	682	1,085,308.60	1591.36	.021	6498.85	33.33	
ACCOMMODATIONS	167	682	486,525.16	713.38	.021	2913.32	14.94	

ADMINISTRATIVE DAYS	1	4		925.20	231.30	.000	925.20	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	166	678		485,599.96	716.22	.021	2925.30	14.91
ANCILLARIES	167	0		598,783.44	.00	.000	3585.53	18.39
INPATIENT CROSSOVERS	53	0		43,642.50	.00	.000	823.44	1.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,532	17,383		562,694.01	32.37	.534	159.31	17.28
MEDICAL	1,549	2,182		124,586.00	57.10	.067	80.43	3.83
SURGERY	357	456		25,357.40	55.61	.014	71.03	.78
PATHOLOGY	1,311	4,835		59,948.57	12.40	.148	45.73	1.84
RADIOLOGY	1,177	1,695		112,255.31	66.23	.052	95.37	3.45
ROOM USE	1,895	2,766		109,715.67	39.67	.085	57.90	3.37
CROSSOVERS/ALL OTH OUTPTNT	1,731	5,449		130,831.06	24.01	.167	75.58	4.02
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	66	1,199	\$	168,804.88	140.79	.037	2557.65	5.18
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	66	1,199		168,804.88	140.79	.037	2557.65	5.18
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	32	\$	3,358.44	104.95	.001	1679.22	.10
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	32		3,358.44	104.95	.001	1679.22	.10
@REHABILITATION FACILITY	22	210	\$	4,079.11	19.42	.006	185.41	.13
HOSPITAL BASED	22	210		4,079.11	19.42	.006	185.41	.13
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,034	2,905	\$	43,812.78	15.08	.089	42.37	1.35
PATHOLOGY	1,033	2,900		43,806.48	15.11	.089	42.41	1.35
XO AND OTHERS	1	5		6.30	1.26	.000	6.30	.00
@ORGANIZED OUTPATIENT CLINIC	6,967	9,774	\$	975,824.40	99.84	.300	140.06	29.97
CLINIC	28	103		4,361.79	42.35	.003	155.78	.13
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6,941	9,671		971,462.61	100.45	.297	139.96	29.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

----- MONTHLY AVERAGE -----								
32,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,298	14,180	\$ 159,117.26	\$ 11.22	.435	\$ 122.59	\$ 4.89	
DURABLE MED. EQUIP.	36	69	12,980.03	188.12	.002	360.56	.40	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	531.33	531.33	.000	531.33	.02	
MEDICAL TRANSPORTATION	171	5,951	66,113.93	11.11	.183	386.63	2.03	
AMBULANCES/AIR TRANS	148	4,132	43,271.91	10.47	.127	292.38	1.33	
OTHER TRANS	16	1,764	2,846.11	1.61	.054	177.88	.09	
OTHER SERVICES	26	55	19,995.91	363.56	.002	769.07	.61	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	1	3	208.74	69.58	.000	208.74	.01
GENETIC DISEASE TESTING	47	47	4,935.00	105.00	.001	105.00	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	325	720	6,755.50	9.38	.022	20.79	.21
PHYSICAL THERAPIST	135	1,112	17,947.81	16.14	.034	132.95	.55
PORTABLE X-RAY	1	1	.50	.50	.000	.50	.00
PROSTHETIST/ORTHOTISTS	13	21	2,194.19	104.49	.001	168.78	.07
PROSTHETICS	12	20	2,144.24	107.21	.001	178.69	.07
ORTHOTICS	1	1	49.95	49.95	.000	49.95	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	74	5,280.55	71.36	.002	182.09	.16
HOSPICE SERVICES	1	15	1,827.45	121.83	.000	1827.45	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	241	2,564	26,746.01	10.43	.079	110.98	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	333	3,602	13,596.22	3.77	.111	40.83	.42
@CALIF. CHILDREN SERVICES*	44	238	\$ 63,015.11	\$ 264.77	.007	\$ 1432.16	\$ 1.94
@XOVER EXCLUDING STATE HOSP**	957	7,825	\$ 116,513.07	\$ 14.89	.240	\$ 121.75	\$ 3.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,353
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	119	506	\$ 49,921.63	\$ 98.66	5.560	\$ 419.51	\$ 548.59
@PHYSICIANS SERVICES	28	85	\$ 1,606.46	\$ 18.90	.934	\$ 57.37	\$ 17.65
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	28	85		1,606.46		18.90	.934	57.37	17.65
@PHARMACY	64	257	\$	32,438.20	\$	126.22	2.824	\$ 506.85	\$ 356.46
PRESCRIPTION DRUGS	62	252		32,360.65		128.42	2.769	521.95	355.61
SNF/ICF	1	8		325.75		40.72	.088	325.75	3.58
OUTPATIENTS	61	244		32,034.90		131.29	2.681	525.16	352.03
MEDICAL SUPPLIES	3	5		77.55		15.51	.055	25.85	.85
@DENTIST	2	29	\$	1,199.00	\$	41.34	.319	\$ 599.50	\$ 13.18
VISITS - DIAGNOSTIC	2	7		70.00		10.00	.077	35.00	.77
ORAL SURGERY	1	20		1,074.00		53.70	.220	1074.00	11.80
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		.00		.00	.011	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		55.00		55.00	.011	55.00	.60
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED								
					AID CODE 17 1Y				

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91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.033	\$ 53.11	\$.58
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.033	53.11	.58
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 6.48	\$ 3.24	.022	\$ 3.24	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	6.48	3.24	.022	3.24	.07
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	1	\$ 15.66	\$ 15.66	.011	\$ 15.66	\$.17
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17	27	\$ 6,238.63	\$ 231.06	.297	\$ 366.98	\$ 68.56
HOSP INPATIENT TOTAL	8	1	5,276.79	5276.79	.011	659.60	57.99
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	560.30	560.30	.011	560.30	6.16
ACCOMMODATIONS	1	1	127.33	127.33	.011	127.33	1.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	127.33	127.33	.011	127.33	1.40
ANCILLARIES	1	0	432.97	.00	.000	432.97	4.76

INPATIENT CROSSOVERS	7	0	4,716.49	.00	.000	673.78	51.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	26	961.84	36.99	.286	80.15	10.57
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	26	961.84	36.99	.286	80.15	10.57
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,355
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

91 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	27	\$	6,238.63	\$ 231.06	.297	\$ 366.98	\$ 68.56
COMM HOSP INPATIENT TOTAL	8	1		5,276.79	5276.79	.011	659.60	57.99
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1		560.30	560.30	.011	560.30	6.16
ACCOMMODATIONS	1	1		127.33	127.33	.011	127.33	1.40
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		127.33	127.33	.011	127.33	1.40
ANCILLARIES	1	0		432.97	.00	.000	432.97	4.76
INPATIENT CROSSOVERS	7	0		4,716.49	.00	.000	673.78	51.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	26		961.84	36.99	.286	80.15	10.57
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	26		961.84	36.99	.286	80.15	10.57
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	34	\$	7,144.54	\$ 210.13	.374	\$ 1428.91	\$ 78.51
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	34		7,144.54	210.13	.374	1428.91	78.51
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	16	\$	789.77	\$ 49.36	.176	\$ 71.80	\$ 8.68
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	16		789.77	49.36	.176	71.80	8.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
				AID CODE 17 1Y				
				----- MONTHLY AVERAGE -----				
91 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	16	52	\$ 429.78	\$ 8.27	.571	\$ 26.86	\$ 4.72	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	10	126.98	12.70	.110	31.75	1.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	42	302.80	7.21	.462	25.23	3.33
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	52	144	11,440.62	79.45	1.582	220.01	125.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND

PAGE 2,357
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,358
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,359
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,360
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 2,361
03/14/05

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	110	791	\$ 97,274.64	\$ 122.98	11.632	\$ 884.31	\$ 1430.51
@PHYSICIANS SERVICES	34	93	\$ 4,186.69	\$ 45.02	1.368	\$ 123.14	\$ 61.57
OUTPATIENT VISITS	11	14	627.74	44.84	.206	57.07	9.23
OFFICE VISITS	7	9	304.20	33.80	.132	43.46	4.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	277.78	69.45	.059	92.59	4.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.015	45.76	.67
INPATIENT VISITS	1	1	80.10	80.10	.015	80.10	1.18
HOSPITAL VISITS	1	1	80.10	80.10	.015	80.10	1.18
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	10		1,441.65	144.17	.147	720.83	21.20
PRINCIPAL SURGEON	1	1		1,019.56	1019.56	.015	1019.56	14.99
ASSISTANT SURGEON	1	1		208.86	208.86	.015	208.86	3.07
ANESTHESIOLOGIST	1	8		213.23	26.65	.118	213.23	3.14
OUTPATIENT SURGERY	3	4		374.25	93.56	.059	124.75	5.50
PRINCIPAL SURGEON	3	4		374.25	93.56	.059	124.75	5.50
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	6	15		244.14	16.28	.221	40.69	3.59
RADIOLOGY	10	21		272.16	12.96	.309	27.22	4.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		6.55	6.55	.015	6.55	.10
OTHER SERVICES/ALL X-OVERS	13	27		1,140.10	42.23	.397	87.70	16.77
@PHARMACY	57	341	\$	50,371.84	\$ 147.72	5.015	\$ 883.72	\$ 740.76
PRESCRIPTION DRUGS	56	340		50,302.31	147.95	5.000	898.26	739.74
SNF/ICF	2	25		641.56	25.66	.368	320.78	9.43
OUTPATIENTS	54	315		49,660.75	157.65	4.632	919.64	730.31
MEDICAL SUPPLIES	1	1		69.53	69.53	.015	69.53	1.02
@DENTIST	3	33	\$	1,320.00	\$ 40.00	.485	\$ 440.00	\$ 19.41
VISITS - DIAGNOSTIC	2	9		56.00	6.22	.132	28.00	.82
ORAL SURGERY	2	20		884.00	44.20	.294	442.00	13.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		100.00	50.00	.029	50.00	1.47
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		280.00	140.00	.029	280.00	4.12
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,362
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 100.56	\$ 25.14	.059	\$ 50.28	\$ 1.48
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.044	53.11	.78
OTHER OPTOMETRIC SERVICES	1	1	47.45	47.45	.015	47.45	.70
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.044	\$ 25.08	\$.74
VISITS	2	3	50.16	16.72	.044	25.08	.74
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	5	\$ 73.94	\$ 14.79	.074	\$ 73.94	\$ 1.09

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	21	129	\$	26,332.81	\$	204.13	1.897	\$	1253.94	\$	387.25
HOSP INPATIENT TOTAL	5	6		23,186.14		3864.36	.088		4637.23		340.97
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	6		22,310.14		3718.36	.088		5577.54		328.09
ACCOMMODATIONS	4	6		4,744.60		790.77	.088		1186.15		69.77
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	6		4,744.60		790.77	.088		1186.15		69.77
ANCILLARIES	4	0		17,565.54		.00	.000		4391.39		258.32
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		12.88
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	18	123		3,146.67		25.58	1.809		174.82		46.27
MEDICAL	8	28		1,358.87		48.53	.412		169.86		19.98
SURGERY	1	1		.00		.00	.015		.00		.00
PATHOLOGY	8	45		502.95		11.18	.662		62.87		7.40
RADIOLOGY	11	20		564.76		28.24	.294		51.34		8.31
ROOM USE	9	11		506.51		46.05	.162		56.28		7.45
CROSSOVERS/ALL OTH OUTPTNT	9	18		213.58		11.87	.265		23.73		3.14
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,363
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	129	\$ 26,332.81	\$ 204.13	1.897	\$ 1253.94	\$ 387.25
COMM HOSP INPATIENT TOTAL	5	6	23,186.14	3864.36	.088	4637.23	340.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	6	22,310.14	3718.36	.088	5577.54	328.09
ACCOMMODATIONS	4	6	4,744.60	790.77	.088	1186.15	69.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	6	4,744.60	790.77	.088	1186.15	69.77
ANCILLARIES	4	0	17,565.54	.00	.000	4391.39	258.32
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	12.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	18	123		3,146.67		25.58	1.809	174.82	46.27
MEDICAL	8	28		1,358.87		48.53	.412	169.86	19.98
SURGERY	1	1		.00		.00	.015	.00	.00
PATHOLOGY	8	45		502.95		11.18	.662	62.87	7.40
RADIOLOGY	11	20		564.76		28.24	.294	51.34	8.31
ROOM USE	9	11		506.51		46.05	.162	56.28	7.45
CROSSOVERS/ALL OTH OUTPTNT	9	18		213.58		11.87	.265	23.73	3.14
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	2	61	\$	7,846.20	\$	128.63	.897	3923.10	115.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2	61		7,846.20		128.63	.897	3923.10	115.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	32	\$	276.41	\$	8.64	.471	46.07	4.06
PATHOLOGY	6	32		276.41		8.64	.471	46.07	4.06
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	33	58	\$	5,268.14	\$	90.83	.853	159.64	77.47
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	33	58		5,268.14		90.83	.853	159.64	77.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,364
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	32	\$	1,447.89	\$ 45.25	.471	\$ 120.66	\$ 21.29
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	13		294.30	22.64	.191	98.10	4.33
AMBULANCES/AIR TRANS	3	13		294.30	22.64	.191	98.10	4.33
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	8		92.66	11.58	.118	30.89	1.36
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	577.91	577.91	.015	577.91	8.50
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	10	483.02	48.30	.147	96.60	7.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11	18	\$ 2,420.38	\$ 134.47	.265	\$ 220.03	\$ 35.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,365
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37		

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	64	558	\$ 108,769.63	\$ 194.93	16.412	\$ 1699.53	\$ 3199.11
@PHYSICIANS SERVICES	18	61	\$ 3,012.85	\$ 49.39	1.794	\$ 167.38	\$ 88.61
OUTPATIENT VISITS	4	7	270.20	38.60	.206	67.55	7.95
OFFICE VISITS	2	5	133.50	26.70	.147	66.75	3.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.059	68.35	4.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00		.00		.00
INPATIENT VISITS	4	6		270.18		45.03		.176		67.55
HOSPITAL VISITS	4	6		270.18		45.03		.176		67.55
CRITICAL CARE	0	0		.00		.00		.000		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00		.000		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00		.000		.00
EXAMINATIONS	0	0		.00		.00		.000		.00
SERVICES AND MATERIALS	0	0		.00		.00		.000		.00
INPATIENT HOSPITAL SURGERY	3	15		501.98		33.47		.441		167.33
PRINCIPAL SURGEON	2	4		389.44		97.36		.118		194.72
ASSISTANT SURGEON	0	0		.00		.00		.000		.00
ANESTHESIOLOGIST	1	11		112.54		10.23		.324		112.54
OUTPATIENT SURGERY	2	4		749.12		187.28		.118		374.56
PRINCIPAL SURGEON	2	4		749.12		187.28		.118		374.56
ASSISTANT SURGEON	0	0		.00		.00		.000		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00
DIALYSIS	0	0		.00		.00		.000		.00
PATHOLOGY	0	0		.00		.00		.000		.00
RADIOLOGY	8	23		867.75		37.73		.676		108.47
PSYCHIATRY	0	0		.00		.00		.000		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00
OTHER SERVICES/ALL X-OVERS	3	6		353.62		58.94		.176		117.87
@PHARMACY	19	54	\$	3,314.42	\$	61.38		1.588	\$	174.44
PRESCRIPTION DRUGS	19	54		3,314.42		61.38		1.588		174.44
SNF/ICF	0	0		.00		.00		.000		.00
OUTPATIENTS	19	54		3,314.42		61.38		1.588		174.44
MEDICAL SUPPLIES	0	0		.00		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.00		.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00		.000		.00
ORAL SURGERY	0	0		.00		.00		.000		.00
DRUGS	0	0		.00		.00		.000		.00
ANESTHESIA	0	0		.00		.00		.000		.00
PERIODONTICS	0	0		.00		.00		.000		.00
ENDODONTICS	0	0		.00		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00
PROSTHETICS	0	0		.00		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,366
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.118	\$ 90.30	\$ 2.66
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.029	47.45	1.40
EYE APPLIANCES	1	3	42.85	14.28	.088	42.85	1.26
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	4	\$ 82.87	\$ 20.72	.118	\$ 82.87	\$ 2.44
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	200	\$ 96,548.49	\$ 482.74	5.882	\$ 3448.16	\$ 2839.66
HOSP INPATIENT TOTAL	4	18	89,653.31	4980.74	.529	22413.33	2636.86
HSC HOSPITALS	1	1	1,560.00	1560.00	.029	1560.00	45.88
NON-HSC HOSPITAL TOTAL	3	17	88,093.31	5181.96	.500	29364.44	2590.98
ACCOMMODATIONS	3	17	13,471.22	792.42	.500	4490.41	396.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	17	13,471.22	792.42	.500	4490.41	396.21
ANCILLARIES	3	0	74,622.09	.00	.000	24874.03	2194.77
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24	182	6,895.18	37.89	5.353	287.30	202.80
MEDICAL	14	32	2,146.31	67.07	.941	153.31	63.13
SURGERY	3	4	141.81	35.45	.118	47.27	4.17
PATHOLOGY	15	56	479.80	8.57	1.647	31.99	14.11
RADIOLOGY	9	27	2,955.08	109.45	.794	328.34	86.91
ROOM USE	13	26	674.43	25.94	.765	51.88	19.84
CROSSOVERS/ALL OTH OUTPTNT	12	37	497.75	13.45	1.088	41.48	14.64
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,367
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	200	\$	96,548.49	\$ 482.74	5.882	\$ 3448.16	\$ 2839.66
COMM HOSP INPATIENT TOTAL	4	18		89,653.31	4980.74	.529	22413.33	2636.86
HSC HOSPITALS	1	1		1,560.00	1560.00	.029	1560.00	45.88
NON-HSC HOSPITALS TOTAL	3	17		88,093.31	5181.96	.500	29364.44	2590.98
ACCOMMODATIONS	3	17		13,471.22	792.42	.500	4490.41	396.21

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	17	13,471.22	792.42	.500	4490.41	396.21
ANCILLARIES	3	0	74,622.09	.00	.000	24874.03	2194.77
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	24	182	6,895.18	37.89	5.353	287.30	202.80
MEDICAL	14	32	2,146.31	67.07	.941	153.31	63.13
SURGERY	3	4	141.81	35.45	.118	47.27	4.17
PATHOLOGY	15	56	479.80	8.57	1.647	31.99	14.11
RADIOLOGY	9	27	2,955.08	109.45	.794	328.34	86.91
ROOM USE	13	26	674.43	25.94	.765	51.88	19.84
CROSSOVERS/ALL OTH OUTPTNT	12	37	497.75	13.45	1.088	41.48	14.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 5.08	\$ 5.08	.029	\$ 5.08	\$.15
PATHOLOGY	1	1	5.08	5.08	.029	5.08	.15
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	16	23	\$ 2,280.71	\$ 99.16	.676	\$ 142.54	\$ 67.08
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16	23	2,280.71	99.16	.676	142.54	67.08

#CALIF DEPT OF HEALTH SERV MPO24 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

		----- MONTHLY AVERAGE -----						
34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6	211	\$ 3,434.91	\$ 16.28	6.206	\$ 572.49	\$ 101.03	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	4	183	3,053.62	16.69	5.382	763.41	89.81	
AMBULANCES/AIR TRANS	4	182	1,778.62	9.77	5.353	444.66	52.31	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	1,275.00	1275.00	.029	1275.00	37.50	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.059	16.64	.49
PHYSICAL THERAPIST	1	26	364.65	14.03	.765	364.65	10.73
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	94	\$ 6,034.78	\$ 64.20	2.765	\$ 3017.39	\$ 177.49
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,369
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	293	1,855	\$ 255,965.90	\$ 137.99	9.611	\$ 873.60	\$ 1326.25
@PHYSICIANS SERVICES	80	239	\$ 8,806.00	\$ 36.85	1.238	\$ 110.08	\$ 45.63
OUTPATIENT VISITS	15	21	897.94	42.76	.109	59.86	4.65
OFFICE VISITS	9	14	437.70	31.26	.073	48.63	2.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	414.48	69.08	.031	82.90	2.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.005	45.76	.24
INPATIENT VISITS	5	7	350.28	50.04	.036	70.06	1.81
HOSPITAL VISITS	5	7	350.28	50.04	.036	70.06	1.81
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	25	1,943.63	77.75	.130	388.73	10.07
PRINCIPAL SURGEON	3	5	1,409.00	281.80	.026	469.67	7.30
ASSISTANT SURGEON	1	1	208.86	208.86	.005	208.86	1.08
ANESTHESIOLOGIST	2	19	325.77	17.15	.098	162.89	1.69
OUTPATIENT SURGERY	5	8	1,123.37	140.42	.041	224.67	5.82
PRINCIPAL SURGEON	5	8	1,123.37	140.42	.041	224.67	5.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	15	244.14	16.28	.078	40.69	1.26

RADIOLOGY	18	44		1,139.91	25.91	.228	63.33	5.91	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	1		6.55	6.55	.005	6.55	.03	
OTHER SERVICES/ALL X-OVERS	44	118		3,100.18	26.27	.611	70.46	16.06	
@PHARMACY	140	652	\$	86,124.46	\$ 132.09	3.378	\$ 615.17	\$ 446.24	
PRESCRIPTION DRUGS	137	646		85,977.38	133.09	3.347	627.57	445.48	
SNF/ICF	3	33		967.31	29.31	.171	322.44	5.01	
OUTPATIENTS	134	613		85,010.07	138.68	3.176	634.40	440.47	
MEDICAL SUPPLIES	4	6		147.08	24.51	.031	36.77	.76	
@DENTIST	5	62	\$	2,519.00	\$ 40.63	.321	\$ 503.80	\$ 13.05	
VISITS - DIAGNOSTIC	4	16		126.00	7.88	.083	31.50	.65	
ORAL SURGERY	3	40		1,958.00	48.95	.207	652.67	10.15	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	3	3		100.00	33.33	.016	33.33	.52	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	1		55.00	55.00	.005	55.00	.28	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	2		280.00	140.00	.010	280.00	1.45	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 2,370
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	11	\$	243.97	\$ 22.18	.057	\$ 60.99	\$ 1.26
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.005	47.45	.25

EYE APPLIANCES	3	9		149.07	16.56	.047	49.69	.77
OTHER OPTOMETRIC SERVICES	1	1		47.45	47.45	.005	47.45	.25
@CHIROPRACTOR	2	3	\$	50.16	16.72	.016	25.08	.26
VISITS	2	3		50.16	16.72	.016	25.08	.26
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	6.48	3.24	.010	3.24	.03
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	2		6.48	3.24	.010	3.24	.03
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	3	10	\$	172.47	17.25	.052	57.49	.89
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	66	356	\$	129,119.93	362.70	1.845	1956.36	669.02
HOSP INPATIENT TOTAL	17	25		118,116.24	4724.65	.130	6948.01	612.00
HSC HOSPITALS	1	1		1,560.00	1560.00	.005	1560.00	8.08
NON-HSC HOSPITAL TOTAL	8	24		110,963.75	4623.49	.124	13870.47	574.94
ACCOMMODATIONS	8	24		18,343.15	764.30	.124	2292.89	95.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	24		18,343.15	764.30	.124	2292.89	95.04
ANCILLARIES	8	0		92,620.60	.00	.000	11577.58	479.90
INPATIENT CROSSOVERS	8	0		5,592.49	.00	.000	699.06	28.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	54	331		11,003.69	33.24	1.715	203.77	57.01
MEDICAL	22	60		3,505.18	58.42	.311	159.33	18.16
SURGERY	4	5		141.81	28.36	.026	35.45	.73
PATHOLOGY	23	101		982.75	9.73	.523	42.73	5.09
RADIOLOGY	20	47		3,519.84	74.89	.244	175.99	18.24
ROOM USE	22	37		1,180.94	31.92	.192	53.68	6.12
CROSSOVERS/ALL OTH OUTPTNT	33	81		1,673.17	20.66	.420	50.70	8.67
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,371
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

193 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	66	356	\$	129,119.93	\$ 362.70	1.845	\$ 1956.36	\$ 669.02
COMM HOSP INPATIENT TOTAL	17	25		118,116.24	4724.65	.130	6948.01	612.00
HSC HOSPITALS	1	1		1,560.00	1560.00	.005	1560.00	8.08
NON-HSC HOSPITALS TOTAL	8	24		110,963.75	4623.49	.124	13870.47	574.94
ACCOMMODATIONS	8	24		18,343.15	764.30	.124	2292.89	95.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	24		18,343.15	764.30	.124	2292.89	95.04
ANCILLARIES	8	0		92,620.60	.00	.000	11577.58	479.90
INPATIENT CROSSOVERS	8	0		5,592.49	.00	.000	699.06	28.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	54	331		11,003.69	33.24	1.715	203.77	57.01
MEDICAL	22	60		3,505.18	58.42	.311	159.33	18.16
SURGERY	4	5		141.81	28.36	.026	35.45	.73
PATHOLOGY	23	101		982.75	9.73	.523	42.73	5.09
RADIOLOGY	20	47		3,519.84	74.89	.244	175.99	18.24
ROOM USE	22	37		1,180.94	31.92	.192	53.68	6.12
CROSSOVERS/ALL OTH OUTPTNT	33	81		1,673.17	20.66	.420	50.70	8.67
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	7	95	\$	14,990.74	\$ 157.80	.492	\$ 2141.53	\$ 77.67
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	95		14,990.74	157.80	.492	2141.53	77.67
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	33	\$	281.49	\$ 8.53	.171	\$ 40.21	\$ 1.46
PATHOLOGY	7	33		281.49	8.53	.171	40.21	1.46
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	60	97	\$	8,338.62	\$ 85.97	.503	\$ 138.98	\$ 43.21
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	60	97		8,338.62	85.97	.503	138.98	43.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,372
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

	193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34		295 \$	5,312.58	\$ 18.01	1.528	\$ 156.25	\$ 27.53
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	196	3,347.92	17.08	1.016	478.27	17.35
AMBULANCES/AIR TRANS	7	195	2,072.92	10.63	1.010	296.13	10.74
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.005	1275.00	6.61
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	20	236.28	11.81	.104	29.54	1.22
PHYSICAL THERAPIST	1	26	364.65	14.03	.135	364.65	1.89
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	577.91	577.91	.005	577.91	2.99
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	52	785.82	15.11	.269	46.22	4.07
@CALIF. CHILDREN SERVICES*	2	94	\$ 6,034.78	\$ 64.20	.487	\$ 3017.39	\$ 31.27
@XOVER EXCLUDING STATE HOSP**	63	162	\$ 13,861.00	\$ 85.56	.839	\$ 220.02	\$ 71.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,373

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED

AID CODE 13

574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	545	15,547	\$ 1,447,038.19	\$ 93.08	27.085	\$ 2655.12	\$ 2520.97
@PHYSICIANS SERVICES	64	133	\$ 2,475.27	\$ 18.61	.232	\$ 38.68	\$ 4.31
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	64	133		2,475.27	18.61	.232	38.68	4.31
@PHARMACY	471	2,741	\$	159,960.60	\$ 58.36	4.775	\$ 339.62	\$ 278.68
PRESCRIPTION DRUGS	470	2,738		159,845.31	58.38	4.770	340.10	278.48
SNF/ICF	439	2,608		144,826.04	55.53	4.544	329.90	252.31
OUTPATIENTS	32	130		15,019.27	115.53	.226	469.35	26.17
MEDICAL SUPPLIES	3	3		115.29	38.43	.005	38.43	.20
@DENTIST	5	13	\$	600.27	\$ 46.17	.023	\$ 120.05	\$ 1.05
VISITS - DIAGNOSTIC	2	4		155.00	38.75	.007	77.50	.27
ORAL SURGERY	1	2		123.00	61.50	.003	123.00	.21
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		124.00	62.00	.003	124.00	.22
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	5		198.27	39.65	.009	198.27	.35
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024								
FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY								
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED								
AID CODE 13								
----- MONTHLY AVERAGE -----								
574 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	4	6	\$ 214.14	\$ 35.69	.010	\$ 53.54	\$.37	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	4	6	214.14	35.69	.010	53.54	.37	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	6	7	\$ 64.37	\$ 9.20	.012	\$ 10.73	\$.11	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	6	7	64.37	9.20	.012	10.73	.11	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	1	1	\$ 143.34	\$ 143.34	.002	\$ 143.34	\$.25	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	23	82	\$ 3,343.39	\$ 40.77	.143	\$ 145.36	\$ 5.82	
HOSP INPATIENT TOTAL	3	0	2,392.24	.00	.000	797.41	4.17	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	2,392.24	.00	.000	797.41	4.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	82	951.15	11.60	.143	41.35	1.66
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.002	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	22	81	951.15	11.74	.141	43.23	1.66
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
574 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	23	82	\$ 3,343.39	\$ 40.77	.143	\$ 145.36	\$ 5.82
COMM HOSP INPATIENT TOTAL	3	0	2,392.24	.00	.000	797.41	4.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	2,392.24	.00	.000	797.41	4.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	82	951.15	11.60	.143	41.35	1.66
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.002	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	22	81	951.15	11.74	.141	43.23	1.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	425	11,899	\$ 1,266,379.22	\$ 106.43	20.730	\$ 2979.72	\$ 2206.24
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31	3,079.92	99.35	.054	3079.92	5.37
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	424	11,868	1,263,299.30	106.45	20.676	2979.48	2200.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$ 28.39	\$ 14.20	.003	\$ 14.20	\$.05
PATHOLOGY	2	2	28.39	14.20	.003	14.20	.05
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	66	\$ 2,299.67	\$ 34.84	.115	\$ 153.31	\$ 4.01
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	66	2,299.67	34.84	.115	153.31	4.01

574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	58	597	\$ 11,529.53	\$ 19.31	1.040	\$ 198.79	\$ 20.09
DURABLE MED. EQUIP.	12	157	4,322.93	27.53	.274	360.24	7.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	23	235	994.35	4.23	.409	43.23	1.73
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	23	231	986.95	4.27	.402	42.91	1.72
OTHER SERVICES	1	4	7.40	1.85	.007	7.40	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	74	5,159.36	69.72	.129	1031.87	8.99
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	12	137.60	11.47	.021	19.66	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	577.91	577.91	.002	577.91	1.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	118	337.38	2.86	.206	30.67	.59
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	131	234	\$ 29,153.75	\$ 124.59	.408	\$ 222.55	\$ 50.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 2,377
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,378
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,379
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,380
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,381
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31	1,647	\$ 98,962.71	\$ 60.09	71.609	\$ 3192.35	\$ 4302.73
@PHYSICIANS SERVICES	5	12	\$ 88.86	\$ 7.41	.522	\$ 17.77	\$ 3.86
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	12		88.86	7.41	.522	17.77	3.86
@PHARMACY	27	194	\$	21,907.55	\$ 112.93	8.435	\$ 811.39	\$ 952.50
PRESCRIPTION DRUGS	27	194		21,907.55	112.93	8.435	811.39	952.50
SNF/ICF	27	192		22,125.41	115.24	8.348	819.46	961.97
OUTPATIENTS	0	2		217.86CR	108.93CR	.087	.00	9.47CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	3	\$	53.00	\$ 17.67	.130	\$ 53.00	\$ 2.30
VISITS - DIAGNOSTIC	1	3		53.00	17.67	.130	53.00	2.30
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,382
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63	

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	6	\$ 1,840.46	\$ 306.74	.261	\$ 613.49	\$ 80.02
HOSP INPATIENT TOTAL	2	0	1,752.00	.00	.000	876.00	76.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,752.00	.00	.000	876.00	76.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	6	88.46	14.74	.261	29.49	3.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	6	88.46	14.74	.261	29.49	3.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,383
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	6	\$ 1,840.46	\$ 306.74	.261	\$ 613.49	\$ 80.02	
COMM HOSP INPATIENT TOTAL	2	0	1,752.00	.00	.000	876.00	76.17	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0		1,752.00	.00	.000	876.00	76.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	6		88.46	14.74	.261	29.49	3.85
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	6		88.46	14.74	.261	29.49	3.85
@STATE HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	27	703	\$	73,808.04	\$	104.99	30.565	\$ 2733.63 \$ 3209.05
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	27	703		73,808.04	104.99	30.565	2733.63	3209.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	8	\$	203.68	\$	25.46	.348	\$ 101.84 \$ 8.86
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	8		203.68	25.46	.348	101.84	8.86

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

PAGE 2,384
03/14/05

		----- MONTHLY AVERAGE -----						
23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6	721	\$ 1,061.12	\$ 1.47	31.348	\$ 176.85	\$ 46.14	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	6	720	1,050.20	1.46	31.304	175.03	45.66	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	6	720	1,050.20	1.46	31.304	175.03	45.66	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	1	10.92	10.92	.043	5.46	.47
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	19	\$ 3,692.24	\$ 194.33	.826	\$ 369.22	\$ 160.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,385
MOPO24	FEE-FOR-SERVICE/DENTAL		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES	DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,386
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,387
MOPO24	FEE-FOR-SERVICE/DENTAL		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES	DISCONTINUED	

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV							
MOP024							
DEL NORTE COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

					----- MONTHLY AVERAGE -----			
597 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	576	17,194	\$ 1,546,000.90	\$ 89.92	28.801	\$ 2684.03	\$ 2589.62	
@PHYSICIANS SERVICES	69	145	\$ 2,564.13	\$ 17.68	.243	\$ 37.16	\$ 4.30	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	69	145	2,564.13	17.68	.243	37.16	4.30
@PHARMACY	498	2,935	\$ 181,868.15	\$ 61.97	4.916	\$ 365.20	\$ 304.64
PRESCRIPTION DRUGS	497	2,932	181,752.86	61.99	4.911	365.70	304.44
SNF/ICF	466	2,800	166,951.45	59.63	4.690	358.26	279.65
OUTPATIENTS	32	132	14,801.41	112.13	.221	462.54	24.79
MEDICAL SUPPLIES	3	3	115.29	38.43	.005	38.43	.19
@DENTIST	6	16	\$ 653.27	\$ 40.83	.027	\$ 108.88	\$ 1.09
VISITS - DIAGNOSTIC	3	7	208.00	29.71	.012	69.33	.35
ORAL SURGERY	1	2	123.00	61.50	.003	123.00	.21
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	124.00	62.00	.003	124.00	.21
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	5	198.27	39.65	.008	198.27	.33
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

597 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	6	\$ 214.14	\$ 35.69	.010	\$ 53.54	\$.36
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	4	6	214.14	35.69	.010	53.54	.36
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	7	\$ 64.37	\$ 9.20	.012	\$ 10.73	\$.11
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	7	64.37	9.20	.012	10.73	.11
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	1	\$ 143.34	\$ 143.34	.002	\$ 143.34	\$.24
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	26	88	\$ 5,183.85	\$ 58.91	.147	\$ 199.38	\$ 8.68
HOSP INPATIENT TOTAL	5	0	4,144.24	.00	.000	828.85	6.94
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0	4,144.24	.00	.000	828.85	6.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26	88	1,039.61	11.81	.147	39.99	1.74
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.002	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	25	87	1,039.61	11.95	.146	41.58	1.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

597 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	88	\$ 5,183.85	\$ 58.91	.147	\$ 199.38	\$ 8.68
COMM HOSP INPATIENT TOTAL	5	0	4,144.24	.00	.000	828.85	6.94
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0	4,144.24	.00	.000	828.85	6.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	26	88	1,039.61	11.81	.147	39.99	1.74
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.002	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	25	87	1,039.61	11.95	.146	41.58	1.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	452	12,602	\$ 1,340,187.26	\$ 106.35	21.109	\$ 2965.02	\$ 2244.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31	3,079.92	99.35	.052	3079.92	5.16
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	451	12,571	1,337,107.34	106.36	21.057	2964.76	2239.71
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$ 28.39	\$ 14.20	.003	\$ 14.20	\$.05
PATHOLOGY	2	2	28.39	14.20	.003	14.20	.05
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	17	74	\$ 2,503.35	\$ 33.83	.124	\$ 147.26	\$ 4.19
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	17	74	2,503.35	33.83	.124	147.26	4.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,392
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

597 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	64	1,318	\$ 12,590.65	\$ 9.55	2.208	\$ 196.73	\$ 21.09
DURABLE MED. EQUIP.	12	157	4,322.93	27.53	.263	360.24	7.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	29	955	2,044.55	2.14	1.600	70.50	3.42
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	29	951	2,037.15	2.14	1.593	70.25	3.41
OTHER SERVICES	1	4	7.40	1.85	.007	7.40	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	74	5,159.36	69.72	.124	1031.87	8.64
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	12	137.60	11.47	.020	19.66	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	577.91	577.91	.002	577.91	.97
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	119	348.30	2.93	.199	26.79	.58
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	141	253	\$ 32,845.99	\$ 129.83	.424	\$ 232.95	\$ 55.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

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2,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,341	34,274	\$ 2,105,869.10	\$ 61.44	13.172	\$ 899.56	\$ 809.33
@PHYSICIANS SERVICES	384	876	\$ 14,885.45	\$ 16.99	.337	\$ 38.76	\$ 5.72
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		421.82	421.82	.000	421.82	.16
PRINCIPAL SURGEON	1	1		421.82	421.82	.000	421.82	.16
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		48.20	48.20	.000	48.20	.02
RADIOLOGY	6	9		80.85	8.98	.003	13.48	.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	376	865		14,334.58	16.57	.332	38.12	5.51
@PHARMACY	1,835	15,505	\$	611,871.24	\$ 39.46	5.959	\$ 333.44	\$ 235.15
PRESCRIPTION DRUGS	1,818	8,073		602,620.71	74.65	3.103	331.47	231.60
SNF/ICF	468	2,836		157,632.57	55.58	1.090	336.82	60.58
OUTPATIENTS	1,353	5,237		444,988.14	84.97	2.013	328.89	171.02
MEDICAL SUPPLIES	99	7,432		9,250.53	1.24	2.856	93.44	3.56
@DENTIST	39	201	\$	11,584.92	\$ 57.64	.077	\$ 297.05	\$ 4.45
VISITS - DIAGNOSTIC	22	74		984.65	13.31	.028	44.76	.38
ORAL SURGERY	12	91		5,908.00	64.92	.035	492.33	2.27
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	4	4		300.00	75.00	.002	75.00	.12
PERIODONTICS	2	2		110.00	55.00	.001	55.00	.04
ENDODONTICS	1	1		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	4		234.00	58.50	.002	78.00	.09
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	11	22		4,018.27	182.65	.008	365.30	1.54
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	2		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,394
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED							

	2,602 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	89	\$	1,858.50	\$ 20.88	.034	\$ 58.08	\$.71
DIAGNOSTIC AND ANC. PROCED	8	10		371.59	37.16	.004	46.45	.14
EYE APPLIANCES	29	76		1,437.60	18.92	.029	49.57	.55
OTHER OPTOMETRIC SERVICES	2	3		49.31	16.44	.001	24.66	.02
@CHIROPRACTOR	1	4	\$	50.16	\$ 12.54	.002	\$ 50.16	\$.02
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	4		50.16	12.54	.002	50.16	.02
@PODIATRIST	51	88	\$	833.13	\$ 9.47	.034	\$ 16.34	\$.32
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	51	88		833.13	9.47	.034	16.34	.32
@HOME HEALTH AGENCY	1	6	\$	449.16	\$ 74.86	.002	\$ 449.16	\$.17
NURSE ANESTHESIST	5	6	\$	221.31	\$ 36.89	.002	\$ 44.26	\$.09

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	227	698	\$	56,941.73	\$	81.58	.268	\$	250.84	\$	21.88
HOSP INPATIENT TOTAL	47	4		44,216.82		11054.21	.002		940.78		16.99
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	4		8,725.96		2181.49	.002		4362.98		3.35
ACCOMMODATIONS	2	4		3,862.36		965.59	.002		1931.18		1.48
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4		3,862.36		965.59	.002		1931.18		1.48
ANCILLARIES	2	0		4,863.60		.00	.000		2431.80		1.87
INPATIENT CROSSOVERS	45	0		35,490.86		.00	.000		788.69		13.64
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	211	694		12,724.91		18.34	.267		60.31		4.89
MEDICAL	9	13		755.78		58.14	.005		83.98		.29
SURGERY	1	1		13.43		13.43	.000		13.43		.01
PATHOLOGY	7	19		221.89		11.68	.007		31.70		.09
RADIOLOGY	6	7		141.95		20.28	.003		23.66		.05
ROOM USE	2	2		171.09		85.55	.001		85.55		.07
CROSSOVERS/ALL OTH OUTPTNT	194	652		11,420.77		17.52	.251		58.87		4.39
@COUNTY HOSPITAL TOTAL	4	10	\$	286.60	\$	28.66	.004	\$	71.65	\$	.11
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	4	10	286.60	28.66	.004	71.65	.11
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10	286.60	28.66	.004	71.65	.11

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

2,602 ELIGIBLES						----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	223	688	\$ 56,655.13	\$ 82.35	.264	\$ 254.06	\$ 21.77		
COMM HOSP INPATIENT TOTAL	47	4	44,216.82	11054.21	.002	940.78	16.99		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	2	4	8,725.96	2181.49	.002	4362.98	3.35		
ACCOMMODATIONS	2	4	3,862.36	965.59	.002	1931.18	1.48		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	2	4	3,862.36	965.59	.002	1931.18	1.48		
ANCILLARIES	2	0	4,863.60	.00	.000	2431.80	1.87		
INPATIENT CROSSOVERS	45	0	35,490.86	.00	.000	788.69	13.64		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	207	684	12,438.31	18.18	.263	60.09	4.78		
MEDICAL	9	13	755.78	58.14	.005	83.98	.29		
SURGERY	1	1	13.43	13.43	.000	13.43	.01		
PATHOLOGY	7	19	221.89	11.68	.007	31.70	.09		
RADIOLOGY	6	7	141.95	20.28	.003	23.66	.05		
ROOM USE	2	2	171.09	85.55	.001	85.55	.07		
CROSSOVERS/ALL OTH OUTPTNT	190	642	11,134.17	17.34	.247	58.60	4.28		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	467	12,494	\$ 1,354,927.49	\$ 108.45	4.802	\$ 2901.34	\$ 520.73		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	1	31	3,079.92	99.35	.012	3079.92	1.18		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
LEV B-REGULAR	466	12,463	1,351,847.57	108.47	4.790	2900.96	519.54		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00		
ICF DDH	0	0	.00	.00	.000	.00	.00		
ICF DD	0	0	.00	.00	.000	.00	.00		
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00		
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00		
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00		
@LABORATORY FACILITY	17	32	\$ 304.42	\$ 9.51	.012	\$ 17.91	\$.12		
PATHOLOGY	16	27	298.12	11.04	.010	18.63	.11		
XO AND OTHERS	1	5	6.30	1.26	.002	6.30	.00		
@ORGANIZED OUTPATIENT CLINIC	316	532	\$ 29,593.29	\$ 55.63	.204	\$ 93.65	\$ 11.37		
CLINIC	1	3	187.77	62.59	.001	187.77	.07		

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	315	529	29,405.52	55.59	.203	93.35	11.30

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,396
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,602 ELIGIBLES							
@ALL OTHER PROVIDERS	297	3,743	\$ 22,348.30	\$ 5.97	1.439	\$ 75.25	\$ 8.59
DURABLE MED. EQUIP.	15	163	4,575.15	28.07	.063	305.01	1.76
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	531.33	531.33	.000	531.33	.20
MEDICAL TRANSPORTATION	35	1,264	2,701.74	2.14	.486	77.19	1.04
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	34	1,255	2,687.50	2.14	.482	79.04	1.03
OTHER SERVICES	2	9	14.24	1.58	.003	7.12	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	74	5,159.36	69.72	.028	1031.87	1.98
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	53	116	1,333.84	11.50	.045	25.17	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.000	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3	1,548.52	516.17	.001	516.17	.60
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	193	2,121	6,497.86	3.06	.815	33.67	2.50
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	726	4,877	\$ 112,576.66	\$ 23.08	1.874	\$ 155.06	\$ 43.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,397
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
08 ELIGIBLES							
@TOTAL, ALL PROVIDERS	11	355	\$ 39,352.96	\$ 110.85	44.375	\$ 3577.54	\$ 4919.12
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	9	94	\$	8,158.29	\$ 86.79	11.750	\$ 906.48	\$ 1019.79
PRESCRIPTION DRUGS	9	94		8,158.29	86.79	11.750	906.48	1019.79
SNF/ICF	9	94		8,158.29	86.79	11.750	906.48	1019.79
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,398
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,399
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

					----- MONTHLY AVERAGE -----		
08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	260	\$	31,096.00	\$ 119.60	32.500	\$ 3109.60	\$ 3887.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	260		31,096.00	119.60	32.500	3109.60	3887.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,400
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$	98.67	\$ 98.67	.125	\$ 98.67	\$ 12.33
DURABLE MED. EQUIP.	1	1		98.67	98.67	.125	98.67	12.33
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,401
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

	1,739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,826	18,781	\$	1,095,039.49	\$ 58.31	10.800	\$ 599.69	\$ 629.69
@PHYSICIANS SERVICES	312	1,000	\$	27,443.89	\$ 27.44	.575	\$ 87.96	\$ 15.78

OUTPATIENT VISITS	65	96	3,445.27	35.89	.055	53.00	1.98
OFFICE VISITS	51	79	2,356.15	29.82	.045	46.20	1.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	12	931.76	77.65	.007	93.18	.54
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	157.36	31.47	.003	39.34	.09
INPATIENT VISITS	8	121	4,550.56	37.61	.070	568.82	2.62
HOSPITAL VISITS	6	119	4,438.46	37.30	.068	739.74	2.55
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	112.10	56.05	.001	56.05	.06
OPHTHALMOLOGICAL SERVICES	3	3	117.71	39.24	.002	39.24	.07
EXAMINATIONS	3	3	117.71	39.24	.002	39.24	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	63	8,239.45	130.78	.036	823.95	4.74
PRINCIPAL SURGEON	8	16	6,883.42	430.21	.009	860.43	3.96
ASSISTANT SURGEON	2	2	377.51	188.76	.001	188.76	.22
ANESTHESIOLOGIST	4	45	978.52	21.74	.026	244.63	.56
OUTPATIENT SURGERY	11	15	3,087.71	205.85	.009	280.70	1.78
PRINCIPAL SURGEON	11	15	3,087.71	205.85	.009	280.70	1.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	25	81	589.82	7.28	.047	23.59	.34
RADIOLOGY	51	92	1,567.81	17.04	.053	30.74	.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	5	43.02	8.60	.003	8.60	.02
OTHER SERVICES/ALL X-OVERS	194	524	5,802.54	11.07	.301	29.91	3.34
@PHARMACY	1,329	11,344	\$ 659,358.72	\$ 58.12	6.523	\$ 496.13	\$ 379.16
PRESCRIPTION DRUGS	1,316	6,144	650,223.86	105.83	3.533	494.09	373.91
SNF/ICF	50	525	40,067.97	76.32	.302	801.36	23.04
OUTPATIENTS	1,269	5,619	610,155.89	108.59	3.231	480.82	350.87
MEDICAL SUPPLIES	102	5,200	9,134.86	1.76	2.990	89.56	5.25
@DENTIST	45	204	\$ 7,401.00	\$ 36.28	.117	\$ 164.47	\$ 4.26
VISITS - DIAGNOSTIC	34	134	1,512.00	11.28	.077	44.47	.87
ORAL SURGERY	9	41	1,898.00	46.29	.024	210.89	1.09
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	200.00	66.67	.002	66.67	.12
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.07
ENDODONTICS	1	3	590.00	196.67	.002	590.00	.34
RESTORATIVE DENTISTRY	7	13	633.00	48.69	.007	90.43	.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	9	2,450.00	272.22	.005	408.33	1.41
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,402
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

	1,739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	50	137	\$	2,793.46	\$ 20.39	.079	\$ 55.87	\$ 1.61
DIAGNOSTIC AND ANC. PROCED	14	17		648.28	38.13	.010	46.31	.37

EYE APPLIANCES	42	118		2,001.38	16.96	.068	47.65	1.15
OTHER OPTOMETRIC SERVICES	4	2		143.80	71.90	.001	35.95	.08
@CHIROPRACTOR	7	12	\$	178.17	\$ 14.85	.007	\$ 25.45	\$.10
VISITS	4	6		100.32	16.72	.003	25.08	.06
OTHER SERVICES	4	6		77.85	12.98	.003	19.46	.04
@PODIATRIST	31	52	\$	1,100.17	\$ 21.16	.030	\$ 35.49	\$.63
MEDICINE/INJECTIONS	4	4		129.20	32.30	.002	32.30	.07
SURGERY/ANES.	1	2		108.14	54.07	.001	108.14	.06
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	26	46		862.83	18.76	.026	33.19	.50
@HOME HEALTH AGENCY	1	13	\$	928.45	\$ 71.42	.007	\$ 928.45	\$.53
NURSE ANESTHESIST	7	44	\$	578.20	\$ 13.14	.025	\$ 82.60	\$.33
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	218	937	\$	174,375.17	\$ 186.10	.539	\$ 799.89	\$ 100.27
HOSP INPATIENT TOTAL	34	46		149,068.99	3240.63	.026	4384.38	85.72
HSC HOSPITALS	2	4		4,824.00	1206.00	.002	2412.00	2.77
NON-HSC HOSPITAL TOTAL	14	42		128,901.98	3069.09	.024	9207.28	74.12
ACCOMMODATIONS	14	42		33,434.50	796.06	.024	2388.18	19.23
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.002	925.20	.53
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	38		32,509.30	855.51	.022	2500.72	18.69
ANCILLARIES	14	0		95,467.48	.00	.000	6819.11	54.90
INPATIENT CROSSOVERS	18	0		15,343.01	.00	.000	852.39	8.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	204	891		25,306.18	28.40	.512	124.05	14.55
MEDICAL	37	103		5,584.74	54.22	.059	150.94	3.21
SURGERY	9	9		384.75	42.75	.005	42.75	.22
PATHOLOGY	56	283		3,514.53	12.42	.163	62.76	2.02
RADIOLOGY	47	68		3,191.84	46.94	.039	67.91	1.84
ROOM USE	43	66		3,110.96	47.14	.038	72.35	1.79
CROSSOVERS/ALL OTH OUTPTNT	143	362		9,519.36	26.30	.208	66.57	5.47
@COUNTY HOSPITAL TOTAL	1	3	\$	100.27	\$ 33.42	.002	\$ 100.27	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3		100.27	33.42	.002	100.27	.06
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3		100.27	33.42	.002	100.27	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,403
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

1,739 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	217	934	\$	174,274.90	\$ 186.59	.537	\$ 803.11	\$ 100.22
COMM HOSP INPATIENT TOTAL	34	46		149,068.99	3240.63	.026	4384.38	85.72
HSC HOSPITALS	2	4		4,824.00	1206.00	.002	2412.00	2.77
NON-HSC HOSPITALS TOTAL	14	42		128,901.98	3069.09	.024	9207.28	74.12
ACCOMMODATIONS	14	42		33,434.50	796.06	.024	2388.18	19.23
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.002	925.20	.53
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	38		32,509.30	855.51	.022	2500.72	18.69
ANCILLARIES	14	0		95,467.48	.00	.000	6819.11	54.90
INPATIENT CROSSOVERS	18	0		15,343.01	.00	.000	852.39	8.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	203	888		25,205.91	28.39	.511	124.17	14.49
MEDICAL	37	103		5,584.74	54.22	.059	150.94	3.21
SURGERY	9	9		384.75	42.75	.005	42.75	.22
PATHOLOGY	56	283		3,514.53	12.42	.163	62.76	2.02
RADIOLOGY	47	68		3,191.84	46.94	.039	67.91	1.84
ROOM USE	43	66		3,110.96	47.14	.038	72.35	1.79
CROSSOVERS/ALL OTH OUTPTNT	142	359		9,419.09	26.24	.206	66.33	5.42
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	48	1,142	\$	137,959.39	\$ 120.81	.657	\$ 2874.15	\$ 79.33
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	48	1,142		137,959.39	120.81	.657	2874.15	79.33
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	26	\$	400.23	\$ 15.39	.015	\$ 200.12	\$.23
HOSPITAL BASED	2	26		400.23	15.39	.015	200.12	.23
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	58	175	\$	2,065.87	\$ 11.80	.101	\$ 35.62	\$ 1.19
PATHOLOGY	58	175		2,065.87	11.80	.101	35.62	1.19
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	507	799	\$	49,514.33	\$ 61.97	.459	\$ 97.66	\$ 28.47
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	507	799		49,514.33	61.97	.459	97.66	28.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

	1,739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	217		2,896	\$ 30,942.44	\$ 10.68	1.665	\$ 142.59	\$ 17.79
DURABLE MED. EQUIP.	10		25	9,416.32	376.65	.014	941.63	5.41
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	31	1,035	5,909.33	5.71	.595	190.62	3.40
AMBULANCES/AIR TRANS	17	271	2,675.68	9.87	.156	157.39	1.54
OTHER TRANS	9	734	1,153.86	1.57	.422	128.21	.66
OTHER SERVICES	6	30	2,079.79	69.33	.017	346.63	1.20
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	52	127	1,286.34	10.13	.073	24.74	.74
PHYSICAL THERAPIST	2	19	278.31	14.65	.011	139.16	.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	6	2,180.58	363.43	.003	363.43	1.25
HOSPICE SERVICES	1	15	1,827.45	121.83	.009	1827.45	1.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	718	5,926.09	8.25	.413	370.38	3.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	109	951	4,118.02	4.33	.547	37.78	2.37
@CALIF. CHILDREN SERVICES*	1	1	\$ 2,275.45	\$ 2275.45	.001	\$ 2275.45	\$ 1.31
@XOVER EXCLUDING STATE HOSP**	372	3,240	\$ 45,798.96	\$ 14.14	1.863	\$ 123.12	\$ 26.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL

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DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

29,003 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,000	64,700	\$ 4,059,314.93	\$ 62.74	2.231	\$ 289.95	\$ 139.96
@PHYSICIANS SERVICES	2,116	4,723	\$ 198,701.07	\$ 42.07	.163	\$ 93.90	\$ 6.85
OUTPATIENT VISITS	703	873	32,141.56	36.82	.030	45.72	1.11
OFFICE VISITS	590	738	25,685.01	34.80	.025	43.53	.89
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	79	87	4,249.15	48.84	.003	53.79	.15
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	13	20	1,262.06	63.10	.001	97.08	.04
OTHER OUTPATIENT	26	27	910.65	33.73	.001	35.03	.03
INPATIENT VISITS	91	285	15,822.96	55.52	.010	173.88	.55
HOSPITAL VISITS	79	218	9,354.29	42.91	.008	118.41	.32
CRITICAL CARE	18	67	6,468.67	96.55	.002	359.37	.22
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	33	39	1,621.93	41.59	.001	49.15	.06
EXAMINATIONS	33	39	1,621.93	41.59	.001	49.15	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	82	443	35,345.08	79.79	.015	431.04	1.22
PRINCIPAL SURGEON	58	86	28,876.75	335.78	.003	497.88	1.00
ASSISTANT SURGEON	12	12	1,740.44	145.04	.000	145.04	.06
ANESTHESIOLOGIST	21	345	4,727.89	13.70	.012	225.14	.16
OUTPATIENT SURGERY	233	438	50,137.92	114.47	.015	215.18	1.73
PRINCIPAL SURGEON	223	331	47,733.86	144.21	.011	214.05	1.65
ASSISTANT SURGEON	2	2	269.54	134.77	.000	134.77	.01
ANESTHESIOLOGIST	13	105	2,134.52	20.33	.004	164.19	.07
DIALYSIS	3	39	648.18	16.62	.001	216.06	.02
PATHOLOGY	175	245	5,694.76	23.24	.008	32.54	.20
RADIOLOGY	1,028	1,541	38,810.28	25.19	.053	37.75	1.34
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	78	159	1,305.16	8.21	.005	16.73	.05
OTHER SERVICES/ALL X-OVERS	261	661	17,173.24	25.98	.023	65.80	.59
@PHARMACY	6,569	17,821	\$ 958,512.28	\$ 53.79	.614	\$ 145.91	\$ 33.05
PRESCRIPTION DRUGS	6,524	15,664	949,038.51	60.59	.540	145.47	32.72
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	6,524	15,664	949,038.51	60.59	.540	145.47	32.72
MEDICAL SUPPLIES	104	2,157	9,473.77	4.39	.074	91.09	.33
@DENTIST	258	1,992	\$ 74,516.00	\$ 37.41	.069	\$ 288.82	\$ 2.57
VISITS - DIAGNOSTIC	209	958	16,631.75	17.36	.033	79.58	.57
ORAL SURGERY	82	395	25,306.25	64.07	.014	308.61	.87
DRUGS	3	3	75.00	25.00	.000	25.00	.00
ANESTHESIA	31	31	2,900.00	93.55	.001	93.55	.10
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	36	77	5,400.00	70.13	.003	150.00	.19
RESTORATIVE DENTISTRY	95	410	20,353.00	49.64	.014	214.24	.70
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	14	3,410.00	243.57	.000	378.89	.12
SPACE MAINTAINERS	2	2	200.00	100.00	.000	100.00	.01
MAXILLOFACIAL SERVICES	3	3	100.00	33.33	.000	33.33	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4	140.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	12	95	.00	.00	.003	.00	.00

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

29,003 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	380	1,020	\$ 23,516.83	\$ 23.06	.035	\$ 61.89	\$.81
DIAGNOSTIC AND ANC. PROCED	295	329	13,250.67	40.28	.011	44.92	.46
EYE APPLIANCES	240	687	10,231.93	14.89	.024	42.63	.35
OTHER OPTOMETRIC SERVICES	3	4	34.23	8.56	.000	11.41	.00
@CHIROPRACTOR	175	290	\$ 4,747.12	\$ 16.37	.010	\$ 27.13	\$.16
VISITS	173	288	4,719.22	16.39	.010	27.28	.16
OTHER SERVICES	2	2	27.90	13.95	.000	13.95	.00
@PODIATRIST	16	24	\$ 656.08	\$ 27.34	.001	\$ 41.01	\$.02
MEDICINE/INJECTIONS	16	18	552.28	30.68	.001	34.52	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	3	6	103.80	17.30	.000	34.60	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	18	67	\$ 4,398.01	\$ 65.64	.002	\$ 244.33	\$.15
NURSE ANESTHESIST	174	965	\$ 18,256.00	\$ 18.92	.033	\$ 104.92	\$.63
NURSE MIDWIFE	69	134	\$ 23,865.81	\$ 178.10	.005	\$ 345.88	\$.82
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3,294	16,948	\$ 1,672,166.21	\$ 98.66	.584	\$ 507.64	\$ 57.65
HOSP INPATIENT TOTAL	173	715	1,134,961.77	1587.36	.025	6560.47	39.13
HSC HOSPITALS	14	55	73,772.00	1341.31	.002	5269.43	2.54
NON-HSC HOSPITAL TOTAL	159	660	1,058,644.41	1604.01	.023	6658.14	36.50
ACCOMMODATIONS	159	660	467,571.45	708.44	.023	2940.70	16.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	159	660	467,571.45	708.44	.023	2940.70	16.12
ANCILLARIES	159	0	591,072.96	.00	.000	3717.44	20.38
INPATIENT CROSSOVERS	3	0	2,545.36	.00	.000	848.45	.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,204	16,233	537,204.44	33.09	.560	167.67	18.52
MEDICAL	1,526	2,127	121,814.85	57.27	.073	79.83	4.20
SURGERY	351	451	25,101.03	55.66	.016	71.51	.87
PATHOLOGY	1,271	4,634	57,194.90	12.34	.160	45.00	1.97
RADIOLOGY	1,145	1,668	112,441.36	67.41	.058	98.20	3.88
ROOM USE	1,873	2,736	107,648.77	39.35	.094	57.47	3.71
CROSSOVERS/ALL OTH OUTPTNT	1,458	4,617	113,003.53	24.48	.159	77.51	3.90
@COUNTY HOSPITAL TOTAL	2	3	\$ 111.35	\$ 37.12	.000	\$ 55.68	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	111.35	37.12	.000	55.68	.00
MEDICAL	1	1	64.19	64.19	.000	64.19	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.000	34.21	.00

29,003 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,292	16,945	\$ 1,672,054.86	\$ 98.68	.584	\$ 507.91	\$ 57.65
COMM HOSP INPATIENT TOTAL	173	715	1,134,961.77	1587.36	.025	6560.47	39.13
HSC HOSPITALS	14	55	73,772.00	1341.31	.002	5269.43	2.54
NON-HSC HOSPITALS TOTAL	159	660	1,058,644.41	1604.01	.023	6658.14	36.50
ACCOMMODATIONS	159	660	467,571.45	708.44	.023	2940.70	16.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	159	660	467,571.45	708.44	.023	2940.70	16.12
ANCILLARIES	159	0	591,072.96	.00	.000	3717.44	20.38
INPATIENT CROSSOVERS	3	0	2,545.36	.00	.000	848.45	.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,202	16,230	537,093.09	33.09	.560	167.74	18.52
MEDICAL	1,525	2,126	121,750.66	57.27	.073	79.84	4.20
SURGERY	351	451	25,101.03	55.66	.016	71.51	.87
PATHOLOGY	1,271	4,634	57,194.90	12.34	.160	45.00	1.97
RADIOLOGY	1,145	1,668	112,441.36	67.41	.058	98.20	3.88
ROOM USE	1,872	2,735	107,614.56	39.35	.094	57.49	3.71
CROSSOVERS/ALL OTH OUTPTNT	1,457	4,616	112,990.58	24.48	.159	77.55	3.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	32	\$ 3,358.44	\$ 104.95	.001	\$ 1679.22	\$.12
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	32	3,358.44	104.95	.001	1679.22	.12
@REHABILITATION FACILITY	20	184	\$ 3,678.88	\$ 19.99	.006	\$ 183.94	\$.13
HOSPITAL BASED	20	184	3,678.88	19.99	.006	183.94	.13
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	968	2,733	\$ 41,752.37	\$ 15.28	.094	\$ 43.13	\$ 1.44
PATHOLOGY	968	2,733	41,752.37	15.28	.094	43.13	1.44
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,221	8,614	\$ 907,558.75	\$ 105.36	.297	\$ 145.89	\$ 31.29
CLINIC	27	100	4,174.02	41.74	.003	154.59	.14
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6,196	8,514	903,384.73	106.11	.294	145.80	31.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,408
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DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

29,003 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	881	9,153	\$ 123,631.08	\$ 13.51	.316	\$ 140.33	\$ 4.26
DURABLE MED. EQUIP.	22	37	3,212.82	86.83	.001	146.04	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	141	4,803	62,895.33	13.10	.166	446.07	2.17
AMBULANCES/AIR TRANS	138	4,056	42,669.15	10.52	.140	309.20	1.47
OTHER TRANS	2	726	1,041.90	1.44	.025	520.95	.04
OTHER SERVICES	20	21	19,184.28	913.54	.001	959.21	.66
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	208.74	69.58	.000	208.74	.01
GENETIC DISEASE TESTING	47	47	4,935.00	105.00	.002	105.00	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	235	509	4,509.20	8.86	.018	19.19	.16
PHYSICAL THERAPIST	134	1,119	18,034.15	16.12	.039	134.58	.62
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	21	2,194.19	104.49	.001	168.78	.08
PROSTHETICS	12	20	2,144.24	107.21	.001	178.69	.07
ORTHOTICS	1	1	49.95	49.95	.000	49.95	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	22	67	2,707.27	40.41	.002	123.06	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	225	1,846	20,819.92	11.28	.064	92.53	.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	61	701	4,114.46	5.87	.024	67.45	.14
@CALIF. CHILDREN SERVICES*	45	331	\$ 66,774.44	\$ 201.74	.011	\$ 1483.88	\$ 2.30
@XOVER EXCLUDING STATE HOSP**	63	123	\$ 4,844.44	\$ 39.39	.004	\$ 76.90	\$.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,409

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

33,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18,178	118,110	\$ 7,299,576.48	\$ 61.80	3.541	\$ 401.56	\$ 218.86
@PHYSICIANS SERVICES	2,812	6,599	\$ 241,030.41	\$ 36.53	.198	\$ 85.71	\$ 7.23
OUTPATIENT VISITS	768	969	35,586.83	36.73	.029	46.34	1.07
OFFICE VISITS	641	817	28,041.16	34.32	.024	43.75	.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	89	99	5,180.91	52.33	.003	58.21	.16
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	13	20	1,262.06	63.10	.001	97.08	.04
OTHER OUTPATIENT	30	32	1,068.01	33.38	.001	35.60	.03
INPATIENT VISITS	99	406	20,373.52	50.18	.012	205.79	.61
HOSPITAL VISITS	85	337	13,792.75	40.93	.010	162.27	.41
CRITICAL CARE	18	67	6,468.67	96.55	.002	359.37	.19
SNF/ICF/TRANS IP CARE	2	2	112.10	56.05	.000	56.05	.00
OPHTHALMOLOGICAL SERVICES	36	42	1,739.64	41.42	.001	48.32	.05

EXAMINATIONS	36	42	1,739.64	41.42	.001	48.32	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	93	507	44,006.35	86.80	.015	473.19	1.32
PRINCIPAL SURGEON	67	103	36,181.99	351.28	.003	540.03	1.08
ASSISTANT SURGEON	14	14	2,117.95	151.28	.000	151.28	.06
ANESTHESIOLOGIST	25	390	5,706.41	14.63	.012	228.26	.17
OUTPATIENT SURGERY	244	453	53,225.63	117.50	.014	218.14	1.60
PRINCIPAL SURGEON	234	346	50,821.57	146.88	.010	217.19	1.52
ASSISTANT SURGEON	2	2	269.54	134.77	.000	134.77	.01
ANESTHESIOLOGIST	13	105	2,134.52	20.33	.003	164.19	.06
DIALYSIS	3	39	648.18	16.62	.001	216.06	.02
PATHOLOGY	201	327	6,332.78	19.37	.010	31.51	.19
RADIOLOGY	1,085	1,642	40,458.94	24.64	.049	37.29	1.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	83	164	1,348.18	8.22	.005	16.24	.04
OTHER SERVICES/ALL X-OVERS	831	2,050	37,310.36	18.20	.061	44.90	1.12
@PHARMACY	9,742	44,764	\$ 2,237,900.53	\$ 49.99	1.342	\$ 229.72	\$ 67.10
PRESCRIPTION DRUGS	9,667	29,975	2,210,041.37	73.73	.899	228.62	66.26
SNF/ICF	527	3,455	205,858.83	59.58	.104	390.62	6.17
OUTPATIENTS	9,146	26,520	2,004,182.54	75.57	.795	219.13	60.09
MEDICAL SUPPLIES	305	14,789	27,859.16	1.88	.443	91.34	.84
@DENTIST	342	2,397	\$ 93,501.92	\$ 39.01	.072	\$ 273.40	\$ 2.80
VISITS - DIAGNOSTIC	265	1,166	19,128.40	16.41	.035	72.18	.57
ORAL SURGERY	103	527	33,112.25	62.83	.016	321.48	.99
DRUGS	3	3	75.00	25.00	.000	25.00	.00
ANESTHESIA	38	38	3,400.00	89.47	.001	89.47	.10
PERIODONTICS	3	3	228.00	76.00	.000	76.00	.01
ENDODONTICS	38	81	5,990.00	73.95	.002	157.63	.18
RESTORATIVE DENTISTRY	105	427	21,220.00	49.70	.013	202.10	.64
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	26	45	9,878.27	219.52	.001	379.93	.30
SPACE MAINTAINERS	2	2	200.00	100.00	.000	100.00	.01

MAXILLOFACIAL SERVICES	3	3	100.00	33.33	.000	33.33	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4	140.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	16	97	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,410
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

33,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	462	1,246	\$ 28,168.79	\$ 22.61	.037	\$ 60.97	\$.84
DIAGNOSTIC AND ANC. PROCED	317	356	14,270.54	40.09	.011	45.02	.43
EYE APPLIANCES	311	881	13,670.91	15.52	.026	43.96	.41
OTHER OPTOMETRIC SERVICES	9	9	227.34	25.26	.000	25.26	.01
@CHIROPRACTOR	183	306	\$ 4,975.45	\$ 16.26	.009	\$ 27.19	\$.15
VISITS	177	294	4,819.54	16.39	.009	27.23	.14
OTHER SERVICES	7	12	155.91	12.99	.000	22.27	.00
@PODIATRIST	98	164	\$ 2,589.38	\$ 15.79	.005	\$ 26.42	\$.08
MEDICINE/INJECTIONS	20	22	681.48	30.98	.001	34.07	.02
SURGERY/ANES.	1	2	108.14	54.07	.000	108.14	.00
RADIO./PATHOLOGY	3	6	103.80	17.30	.000	34.60	.00
OTHER	77	134	1,695.96	12.66	.004	22.03	.05
@HOME HEALTH AGENCY	20	86	\$ 5,775.62	\$ 67.16	.003	\$ 288.78	\$.17
NURSE ANESTHESIST	186	1,015	\$ 19,055.51	\$ 18.77	.030	\$ 102.45	\$.57
NURSE MIDWIFE	69	134	\$ 23,865.81	\$ 178.10	.004	\$ 345.88	\$.72
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3,739	18,583	\$ 1,903,483.11	\$ 102.43	.557	\$ 509.09	\$ 57.07
HOSP INPATIENT TOTAL	254	765	1,328,247.58	1736.27	.023	5229.32	39.83
HSC HOSPITALS	16	59	78,596.00	1332.14	.002	4912.25	2.36
NON-HSC HOSPITAL TOTAL	175	706	1,196,272.35	1694.44	.021	6835.84	35.87
ACCOMMODATIONS	175	706	504,868.31	715.11	.021	2884.96	15.14
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.000	925.20	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	174	702	503,943.11	717.87	.021	2896.22	15.11
ANCILLARIES	175	0	691,404.04	.00	.000	3950.88	20.73
INPATIENT CROSSOVERS	66	0	53,379.23	.00	.000	808.78	1.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,619	17,818	575,235.53	32.28	.534	158.95	17.25
MEDICAL	1,572	2,243	128,155.37	57.14	.067	81.52	3.84
SURGERY	361	461	25,499.21	55.31	.014	70.63	.76
PATHOLOGY	1,334	4,936	60,931.32	12.34	.148	45.68	1.83
RADIOLOGY	1,198	1,743	115,775.15	66.42	.052	96.64	3.47
ROOM USE	1,918	2,804	110,930.82	39.56	.084	57.84	3.33
CROSSOVERS/ALL OTH OUTPTNT	1,795	5,631	133,943.66	23.79	.169	74.62	4.02
@COUNTY HOSPITAL TOTAL	7	16	\$ 498.22	\$ 31.14	.000	\$ 71.17	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	7	16	498.22	31.14	.000	71.17	.01
MEDICAL	1	1	64.19	64.19	.000	64.19	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.000	34.21	.00
CROSSOVERS/ALL OTH OUTPTNT	6	14	399.82	28.56	.000	66.64	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,411
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	33,352 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,732	18,567	\$	1,902,984.89	\$ 102.49	.557	\$ 509.91	\$ 57.06
COMM HOSP INPATIENT TOTAL	254	765		1,328,247.58	1736.27	.023	5229.32	39.83
HSC HOSPITALS	16	59		78,596.00	1332.14	.002	4912.25	2.36
NON-HSC HOSPITALS TOTAL	175	706		1,196,272.35	1694.44	.021	6835.84	35.87
ACCOMMODATIONS	175	706		504,868.31	715.11	.021	2884.96	15.14
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.000	925.20	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	174	702		503,943.11	717.87	.021	2896.22	15.11
ANCILLARIES	175	0		691,404.04	.00	.000	3950.88	20.73
INPATIENT CROSSOVERS	66	0		53,379.23	.00	.000	808.78	1.60
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,612	17,802		574,737.31	32.28	.534	159.12	17.23
MEDICAL	1,571	2,242		128,091.18	57.13	.067	81.53	3.84
SURGERY	361	461		25,499.21	55.31	.014	70.63	.76
PATHOLOGY	1,334	4,936		60,931.32	12.34	.148	45.68	1.83
RADIOLOGY	1,198	1,743		115,775.15	66.42	.052	96.64	3.47
ROOM USE	1,917	2,803		110,896.61	39.56	.084	57.85	3.33
CROSSOVERS/ALL OTH OUTPTNT	1,789	5,617		133,543.84	23.77	.168	74.65	4.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	525	13,896	\$	1,523,982.88	\$ 109.67	.417	\$ 2902.82	\$ 45.69
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31		3,079.92	99.35	.001	3079.92	.09
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	524	13,865		1,520,902.96	109.69	.416	2902.49	45.60
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	32	\$	3,358.44	\$ 104.95	.001	\$ 1679.22	\$.10
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	32		3,358.44	104.95	.001	1679.22	.10
@REHABILITATION FACILITY	22	210	\$	4,079.11	\$ 19.42	.006	\$ 185.41	\$.12
HOSPITAL BASED	22	210		4,079.11	19.42	.006	185.41	.12
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,043	2,940	\$	44,122.66	\$ 15.01	.088	\$ 42.30	\$ 1.32
PATHOLOGY	1,042	2,935		44,116.36	15.03	.088	42.34	1.32
XO AND OTHERS	1	5		6.30	1.26	.000	6.30	.00
@ORGANIZED OUTPATIENT CLINIC	7,044	9,945	\$	986,666.37	\$ 99.21	.298	\$ 140.07	\$ 29.58
CLINIC	28	103		4,361.79	42.35	.003	155.78	.13

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,018	9,842	982,304.58	99.81	.295	139.97	29.45

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,412

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
33,352 ELIGIBLES							
@ALL OTHER PROVIDERS	1,396	15,793	\$ 177,020.49	\$ 11.21	.474	\$ 126.81	\$ 5.31
DURABLE MED. EQUIP.	48	226	17,302.96	76.56	.007	360.48	.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	531.33	531.33	.000	531.33	.02
MEDICAL TRANSPORTATION	207	7,102	71,506.40	10.07	.213	345.44	2.14
AMBULANCES/AIR TRANS	155	4,327	45,344.83	10.48	.130	292.55	1.36
OTHER TRANS	45	2,715	4,883.26	1.80	.081	108.52	.15
OTHER SERVICES	28	60	21,278.31	354.64	.002	759.94	.64
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	6	77	5,368.10	69.72	.002	894.68	.16
GENETIC DISEASE TESTING	47	47	4,935.00	105.00	.001	105.00	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	340	752	7,129.38	9.48	.023	20.97	.21
PHYSICAL THERAPIST	136	1,138	18,312.46	16.09	.034	134.65	.55
PORTABLE X-RAY	1	1	.50	.50	.000	.50	.00
PROSTHETIST/ORTHOTISTS	13	21	2,194.19	104.49	.001	168.78	.07
PROSTHETICS	12	20	2,144.24	107.21	.001	178.69	.06
ORTHOTICS	1	1	49.95	49.95	.000	49.95	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	76	6,436.37	84.69	.002	207.62	.19
HOSPICE SERVICES	1	15	1,827.45	121.83	.000	1827.45	.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	241	2,564	26,746.01	10.43	.077	110.98	.80
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	363	3,773	14,730.34	3.90	.113	40.58	.44
@CALIF. CHILDREN SERVICES*	46	332	\$ 69,049.89	\$ 207.98	.010	\$ 1501.08	\$ 2.07
@XOVER EXCLUDING STATE HOSP**	1,161	8,240	\$ 163,220.06	\$ 19.81	.247	\$ 140.59	\$ 4.89

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,413
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,019 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,516	6,321	\$ 344,187.68	\$ 54.45	2.094	\$ 227.04	\$ 114.01
@PHYSICIANS SERVICES	245	437	\$ 15,679.49	\$ 35.88	.145	\$ 64.00	\$ 5.19
OUTPATIENT VISITS	115	160	6,034.01	37.71	.053	52.47	2.00
OFFICE VISITS	77	93	3,350.61	36.03	.031	43.51	1.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	23	1,079.65	46.94	.008	49.08	.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	31	1,226.36	39.56	.010	204.39	.41

OTHER OUTPATIENT	12	13		377.39	29.03	.004	31.45	.13
INPATIENT VISITS	8	16		718.40	44.90	.005	89.80	.24
HOSPITAL VISITS	8	16		718.40	44.90	.005	89.80	.24
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6		243.54	40.59	.002	40.59	.08
EXAMINATIONS	6	6		243.54	40.59	.002	40.59	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	10		1,302.59	130.26	.003	434.20	.43
PRINCIPAL SURGEON	2	2		1,089.00	544.50	.001	544.50	.36
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8		213.59	26.70	.003	213.59	.07
OUTPATIENT SURGERY	18	29		1,860.43	64.15	.010	103.36	.62
PRINCIPAL SURGEON	17	20		1,683.76	84.19	.007	99.04	.56
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9		176.67	19.63	.003	176.67	.06
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	19	20		355.17	17.76	.007	18.69	.12
RADIOLOGY	104	146		3,511.55	24.05	.048	33.76	1.16
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5		164.63	32.93	.002	54.88	.05
OTHER SERVICES/ALL X-OVERS	30	45		1,489.17	33.09	.015	49.64	.49
@PHARMACY	581	1,478	\$	73,407.38	\$ 49.67	.490	\$ 126.35	\$ 24.32
PRESCRIPTION DRUGS	577	1,272		72,995.32	57.39	.421	126.51	24.18
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	577	1,272		72,995.32	57.39	.421	126.51	24.18
MEDICAL SUPPLIES	5	206		412.06	2.00	.068	82.41	.14
@DENTIST	30	153	\$	4,920.50	\$ 32.16	.051	\$ 164.02	\$ 1.63
VISITS - DIAGNOSTIC	24	99		1,444.50	14.59	.033	60.19	.48
ORAL SURGERY	8	18		1,525.00	84.72	.006	190.63	.51
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	3	3		300.00	100.00	.001	100.00	.10
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		330.00	330.00	.000	330.00	.11
RESTORATIVE DENTISTRY	10	29		1,166.00	40.21	.010	116.60	.39
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00	120.00	.000	120.00	.04
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,414
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							

3,019 ELIGIBLES			----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	35	74	\$ 1,654.54	\$ 22.36	.025	\$ 47.27	\$.55		
DIAGNOSTIC AND ANC. PROCED	20	21	868.07	41.34	.007	43.40	.29		
EYE APPLIANCES	22	53	786.47	14.84	.018	35.75	.26		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.001	\$ 16.72	\$.01		
VISITS	2	2	33.44	16.72	.001	16.72	.01		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	1	1	\$ 62.41	\$ 62.41	.000	\$ 62.41	\$.02		

MEDICINE/INJECTIONS	1	1		62.41	62.41	.000	62.41	.02
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$ 74.86	.000	\$ 74.86	\$.02
NURSE ANESTHESIST	12	108	\$	1,936.94	\$ 17.93	.036	\$ 161.41	\$.64
NURSE MIDWIFE	5	20	\$	1,216.45	\$ 60.82	.007	\$ 243.29	\$.40
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	409	2,346	\$	138,248.29	\$ 58.93	.777	\$ 338.02	\$ 45.79
HOSP INPATIENT TOTAL	13	44		72,406.81	1645.61	.015	5569.75	23.98
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	13	44		72,406.81	1645.61	.015	5569.75	23.98
ACCOMMODATIONS	13	44		26,538.35	603.14	.015	2041.41	8.79
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	44		26,538.35	603.14	.015	2041.41	8.79
ANCILLARIES	13	0		45,868.46	.00	.000	3528.34	15.19
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	404	2,302		65,841.48	28.60	.763	162.97	21.81
MEDICAL	163	246		13,591.39	55.25	.081	83.38	4.50
SURGERY	38	52		2,572.10	49.46	.017	67.69	.85
PATHOLOGY	175	731		9,090.95	12.44	.242	51.95	3.01
RADIOLOGY	117	170		8,915.60	52.44	.056	76.20	2.95
ROOM USE	264	387		13,928.08	35.99	.128	52.76	4.61
CROSSOVERS/ALL OTH OUTPTNT	201	716		17,743.36	24.78	.237	88.28	5.88
@COUNTY HOSPITAL TOTAL	1	2	\$	66.72	\$ 33.36	.001	\$ 66.72	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	66.72	33.36	.001	66.72	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	49.77	49.77	.000	49.77	.02
CROSSOVERS/ALL OTH OUTPTNT	1	1	16.95	16.95	.000	16.95	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,415
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

3,019 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	408	2,344	\$ 138,181.57	\$ 58.95	.776	\$ 338.68	\$ 45.77
COMM HOSP INPATIENT TOTAL	13	44	72,406.81	1645.61	.015	5569.75	23.98
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	13	44	72,406.81	1645.61	.015	5569.75	23.98
ACCOMMODATIONS	13	44	26,538.35	603.14	.015	2041.41	8.79
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	44	26,538.35	603.14	.015	2041.41	8.79
ANCILLARIES	13	0	45,868.46	.00	.000	3528.34	15.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	403	2,300	65,774.76	28.60	.762	163.21	21.79
MEDICAL	163	246	13,591.39	55.25	.081	83.38	4.50
SURGERY	38	52	2,572.10	49.46	.017	67.69	.85
PATHOLOGY	175	731	9,090.95	12.44	.242	51.95	3.01
RADIOLOGY	117	170	8,915.60	52.44	.056	76.20	2.95
ROOM USE	263	386	13,878.31	35.95	.128	52.77	4.60
CROSSOVERS/ALL OTH OUTPTNT	200	715	17,726.41	24.79	.237	88.63	5.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	16	\$ 437.82	\$ 27.36	.005	\$ 145.94	\$.15
HOSPITAL BASED	1	8	257.60	32.20	.003	257.60	.09

INDEPENDENT FACILITY	2	8	180.22	22.53	.003	90.11	.06
@LABORATORY FACILITY	104	238	\$ 3,792.11	\$ 15.93	.079	\$ 36.46	\$ 1.26
PATHOLOGY	104	238	3,792.11	15.93	.079	36.46	1.26
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	702	929	\$ 94,203.84	\$ 101.40	.308	\$ 134.19	\$ 31.20
CLINIC	6	18	693.25	38.51	.006	115.54	.23
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	698	911	93,510.59	102.65	.302	133.97	30.97

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,416
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

3,019 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	69	518	\$ 8,519.61	\$ 16.45	.172	\$ 123.47	\$ 2.82
DURABLE MED. EQUIP.	1	1	96.53	96.53	.000	96.53	.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	20	168	3,860.63	22.98	.056	193.03	1.28
AMBULANCES/AIR TRANS	19	167	2,060.63	12.34	.055	108.45	.68
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.60
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	10	1,050.00	105.00	.003	105.00	.35
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	321.97	7.85	.014	17.89	.11
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	97.66	48.83	.001	97.66	.03
PROSTHETICS	1	2	97.66	48.83	.001	97.66	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	12	510.52	42.54	.004	127.63	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	282	2,539.45	9.01	.093	181.39	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	25	66	\$ 4,291.05	\$ 65.02	.022	\$ 171.64	\$ 1.42
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,417
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	184	\$ 4,140.79	\$ 22.50	26.286	\$ 197.18	\$ 591.54
@PHYSICIANS SERVICES	5	12	\$ 633.40	\$ 52.78	1.714	\$ 126.68	\$ 90.49

OUTPATIENT VISITS	1	1	45.76	45.76	.143	45.76	6.54
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.143	45.76	6.54
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	5	378.56	75.71	.714	189.28	54.08
PRINCIPAL SURGEON	2	5	378.56	75.71	.714	189.28	54.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	30.40	30.40	.143	30.40	4.34
RADIOLOGY	2	3	166.68	55.56	.429	83.34	23.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	12.00	6.00	.286	12.00	1.71
@PHARMACY	2	5	767.02	153.40	.714	383.51	109.57
PRESCRIPTION DRUGS	2	5	767.02	153.40	.714	383.51	109.57
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	5	767.02	153.40	.714	383.51	109.57
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	22	.00	.00	3.143	.00	.00
VISITS - DIAGNOSTIC	2	11	.00	.00	1.571	.00	.00
ORAL SURGERY	1	2	.00	.00	.286	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.143	.00	.00
RESTORATIVE DENTISTRY	1	8	.00	.00	1.143	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,418
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83	

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	.00	.00	.000	.00	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	53	\$ 1,861.85	\$ 35.13	7.571	\$ 169.26	\$ 265.98
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	53	1,861.85	35.13	7.571	169.26	265.98
MEDICAL	6	8	430.90	53.86	1.143	71.82	61.56
SURGERY	2	2	96.81	48.41	.286	48.41	13.83
PATHOLOGY	4	19	271.13	14.27	2.714	67.78	38.73
RADIOLOGY	6	6	548.93	91.49	.857	91.49	78.42
ROOM USE	5	8	411.72	51.47	1.143	82.34	58.82
CROSSOVERS/ALL OTH OUTPTNT	4	10	102.36	10.24	1.429	25.59	14.62
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,419
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

07 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	53	\$	1,861.85	\$ 35.13	7.571	\$ 169.26	\$ 265.98
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	53		1,861.85	35.13	7.571	169.26	265.98
MEDICAL	6	8		430.90	53.86	1.143	71.82	61.56
SURGERY	2	2		96.81	48.41	.286	48.41	13.83
PATHOLOGY	4	19		271.13	14.27	2.714	67.78	38.73
RADIOLOGY	6	6		548.93	91.49	.857	91.49	78.42
ROOM USE	5	8		411.72	51.47	1.143	82.34	58.82
CROSSOVERS/ALL OTH OUTPTNT	4	10		102.36	10.24	1.429	25.59	14.62
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	458.57	\$ 76.43	.857	\$ 91.71	\$ 65.51
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6		458.57	76.43	.857	91.71	65.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,420
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	86	\$ 419.95	\$ 4.88	12.286	\$ 419.95	\$ 59.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	86	419.95	4.88	12.286	419.95	59.99
AMBULANCES/AIR TRANS	1	86	419.95	4.88	12.286	419.95	59.99
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

3,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1,537	6,505	\$ 348,328.47	\$ 53.55	2.150	\$ 226.63	\$ 115.11
@PHYSICIANS SERVICES	250	449	\$ 16,312.89	\$ 36.33	.148	\$ 65.25	\$ 5.39
OUTPATIENT VISITS	116	161	6,079.77	37.76	.053	52.41	2.01
OFFICE VISITS	77	93	3,350.61	36.03	.031	43.51	1.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	23	1,079.65	46.94	.008	49.08	.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	31	1,226.36	39.56	.010	204.39	.41
OTHER OUTPATIENT	13	14	423.15	30.23	.005	32.55	.14
INPATIENT VISITS	8	16	718.40	44.90	.005	89.80	.24
HOSPITAL VISITS	8	16	718.40	44.90	.005	89.80	.24
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	243.54	40.59	.002	40.59	.08
EXAMINATIONS	6	6	243.54	40.59	.002	40.59	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	10	1,302.59	130.26	.003	434.20	.43
PRINCIPAL SURGEON	2	2	1,089.00	544.50	.001	544.50	.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	213.59	26.70	.003	213.59	.07
OUTPATIENT SURGERY	20	34	2,238.99	65.85	.011	111.95	.74
PRINCIPAL SURGEON	19	25	2,062.32	82.49	.008	108.54	.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	176.67	19.63	.003	176.67	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	20	21	385.57	18.36	.007	19.28	.13
RADIOLOGY	106	149	3,678.23	24.69	.049	34.70	1.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5	164.63	32.93	.002	54.88	.05
OTHER SERVICES/ALL X-OVERS	31	47	1,501.17	31.94	.016	48.42	.50
@PHARMACY	583	1,483	\$ 74,174.40	\$ 50.02	.490	\$ 127.23	\$ 24.51
PRESCRIPTION DRUGS	579	1,277	73,762.34	57.76	.422	127.40	24.38
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	579	1,277	73,762.34	57.76	.422	127.40	24.38
MEDICAL SUPPLIES	5	206	412.06	2.00	.068	82.41	.14
@DENTIST	32	175	\$ 4,920.50	\$ 28.12	.058	\$ 153.77	\$ 1.63
VISITS - DIAGNOSTIC	26	110	1,444.50	13.13	.036	55.56	.48
ORAL SURGERY	9	20	1,525.00	76.25	.007	169.44	.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.10
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	330.00	165.00	.001	165.00	.11
RESTORATIVE DENTISTRY	11	37	1,166.00	31.51	.012	106.00	.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.04
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

3,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	35	74	\$ 1,654.54	\$ 22.36	.024	\$ 47.27	\$.55
DIAGNOSTIC AND ANC. PROCED	20	21	868.07	41.34	.007	43.40	.29
EYE APPLIANCES	22	53	786.47	14.84	.018	35.75	.26
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.001	\$ 16.72	\$.01
VISITS	2	2	33.44	16.72	.001	16.72	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 62.41	\$ 62.41	.000	\$ 62.41	\$.02
MEDICINE/INJECTIONS	1	1	62.41	62.41	.000	62.41	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.000	\$ 74.86	\$.02
NURSE ANESTHESIST	12	108	\$ 1,936.94	\$ 17.93	.036	\$ 161.41	\$.64
NURSE MIDWIFE	5	20	\$ 1,216.45	\$ 60.82	.007	\$ 243.29	\$.40
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	420	2,399	\$ 140,110.14	\$ 58.40	.793	\$ 333.60	\$ 46.30
HOSP INPATIENT TOTAL	13	44	72,406.81	1645.61	.015	5569.75	23.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	13	44	72,406.81	1645.61	.015	5569.75	23.93
ACCOMMODATIONS	13	44	26,538.35	603.14	.015	2041.41	8.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	44	26,538.35	603.14	.015	2041.41	8.77
ANCILLARIES	13	0	45,868.46	.00	.000	3528.34	15.16
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	415	2,355	67,703.33	28.75	.778	163.14	22.37
MEDICAL	169	254	14,022.29	55.21	.084	82.97	4.63
SURGERY	40	54	2,668.91	49.42	.018	66.72	.88
PATHOLOGY	179	750	9,362.08	12.48	.248	52.30	3.09
RADIOLOGY	123	176	9,464.53	53.78	.058	76.95	3.13
ROOM USE	269	395	14,339.80	36.30	.131	53.31	4.74
CROSSOVERS/ALL OTH OUTPTNT	205	726	17,845.72	24.58	.240	87.05	5.90
@COUNTY HOSPITAL TOTAL	1	2	\$ 66.72	\$ 33.36	.001	\$ 66.72	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	66.72	33.36	.001	66.72	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	49.77	49.77	.000	49.77	.02

	3,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL		419	2,397	\$ 140,043.42	\$ 58.42	.792	\$ 334.23	\$ 46.28
COMM HOSP INPATIENT TOTAL		13	44	72,406.81	1645.61	.015	5569.75	23.93
HSC HOSPITALS		0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL		13	44	72,406.81	1645.61	.015	5569.75	23.93
ACCOMMODATIONS		13	44	26,538.35	603.14	.015	2041.41	8.77
ADMINISTRATIVE DAYS		0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE		0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM		13	44	26,538.35	603.14	.015	2041.41	8.77
ANCILLARIES		13	0	45,868.46	.00	.000	3528.34	15.16
INPATIENT CROSSOVERS		0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT		0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL		414	2,353	67,636.61	28.74	.778	163.37	22.35
MEDICAL		169	254	14,022.29	55.21	.084	82.97	4.63
SURGERY		40	54	2,668.91	49.42	.018	66.72	.88
PATHOLOGY		179	750	9,362.08	12.48	.248	52.30	3.09
RADIOLOGY		123	176	9,464.53	53.78	.058	76.95	3.13
ROOM USE		268	394	14,290.03	36.27	.130	53.32	4.72
CROSSOVERS/ALL OTH OUTPTNT		204	725	17,828.77	24.59	.240	87.40	5.89
@STATE HOSPITAL		0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL		0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED		0	0	.00	.00	.000	.00	.00
@NURSING FACILITY		0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE		0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD		0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED		0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE		0	0	.00	.00	.000	.00	.00
LEV B-REGULAR		0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD		0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH		0	0	.00	.00	.000	.00	.00
ICF DD		0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN		0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL		0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED		0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER		0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY		3	16	\$ 437.82	\$ 27.36	.005	\$ 145.94	\$.14
HOSPITAL BASED		1	8	257.60	32.20	.003	257.60	.09
INDEPENDENT FACILITY		2	8	180.22	22.53	.003	90.11	.06
@LABORATORY FACILITY		104	238	\$ 3,792.11	\$ 15.93	.079	\$ 36.46	\$ 1.25
PATHOLOGY		104	238	3,792.11	15.93	.079	36.46	1.25
XO AND OTHERS		0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC		707	935	\$ 94,662.41	\$ 101.24	.309	\$ 133.89	\$ 31.28
CLINIC		6	18	693.25	38.51	.006	115.54	.23
SURGICENTER		0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC		0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC		703	917	93,969.16	102.47	.303	133.67	31.05
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004				PAGE 2,424
MOP024				FEE-FOR-SERVICE/DENTAL				03/14/05
DEL NORTE COUNTY				SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL				

3,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	70	604	\$ 8,939.56	\$ 14.80	.200	\$ 127.71	\$ 2.95
DURABLE MED. EQUIP.	1	1	96.53	96.53	.000	96.53	.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	254	4,280.58	16.85	.084	203.84	1.41
AMBULANCES/AIR TRANS	20	253	2,480.58	9.80	.084	124.03	.82
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.59
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	10	1,050.00	105.00	.003	105.00	.35
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	321.97	7.85	.014	17.89	.11
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	97.66	48.83	.001	97.66	.03
PROSTHETICS	1	2	97.66	48.83	.001	97.66	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	12	510.52	42.54	.004	127.63	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	282	2,539.45	9.01	.093	181.39	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	25	66	\$ 4,291.05	\$ 65.02	.022	\$ 171.64	\$ 1.42

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,425

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,426
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,427
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,428
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,429
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	162	1,173	\$ 93,467.04	\$ 79.68	15.234	\$ 576.96	\$ 1213.86
@PHYSICIANS SERVICES	45	104	\$ 5,029.33	\$ 48.36	1.351	\$ 111.76	\$ 65.32
OUTPATIENT VISITS	11	26	1,218.24	46.86	.338	110.75	15.82
OFFICE VISITS	3	5	235.80	47.16	.065	78.60	3.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.026	44.60	1.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	19	893.24	47.01	.247	148.87	11.60

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	7		338.84	48.41	.091	112.95	4.40
HOSPITAL VISITS	3	7		338.84	48.41	.091	112.95	4.40
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	22		1,206.46	54.84	.286	201.08	15.67
PRINCIPAL SURGEON	1	1		544.28	544.28	.013	544.28	7.07
ASSISTANT SURGEON	1	1		186.50	186.50	.013	186.50	2.42
ANESTHESIOLOGIST	4	20		475.68	23.78	.260	118.92	6.18
OUTPATIENT SURGERY	5	6		766.38	127.73	.078	153.28	9.95
PRINCIPAL SURGEON	5	6		766.38	127.73	.078	153.28	9.95
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	6		120.82	20.14	.078	40.27	1.57
RADIOLOGY	31	34		1,304.75	38.38	.442	42.09	16.94
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3		73.84	24.61	.039	73.84	.96
@PHARMACY	42	106	\$	5,887.00	\$ 55.54	1.377	\$ 140.17	\$ 76.45
PRESCRIPTION DRUGS	42	106		5,887.00	55.54	1.377	140.17	76.45
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	42	106		5,887.00	55.54	1.377	140.17	76.45
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	1	\$	25.00	\$ 25.00	.013	\$ 25.00	\$.32
VISITS - DIAGNOSTIC	1	1		25.00	25.00	.013	25.00	.32
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,430
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 82.29	\$ 20.57	.052	\$ 82.29	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.013	39.44	.51
EYE APPLIANCES	1	3	42.85	14.28	.039	42.85	.56
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	3	\$ 627.85	\$ 209.28	.039	\$ 627.85	\$ 8.15
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	94	634	\$ 64,291.13	\$ 101.41	8.234	\$ 683.95	\$ 834.95
HOSP INPATIENT TOTAL	8	38	46,781.65	1231.10	.494	5847.71	607.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	38	46,781.65	1231.10	.494	5847.71	607.55
ACCOMMODATIONS	8	38	23,518.28	618.90	.494	2939.79	305.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	38	23,518.28	618.90	.494	2939.79	305.43
ANCILLARIES	8	0	23,263.37	.00	.000	2907.92	302.12
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	90	596	17,509.48	29.38	7.740	194.55	227.40
MEDICAL	16	22	1,182.32	53.74	.286	73.90	15.35
SURGERY	6	12	538.64	44.89	.156	89.77	7.00
PATHOLOGY	32	179	2,468.82	13.79	2.325	77.15	32.06
RADIOLOGY	30	33	2,531.44	76.71	.429	84.38	32.88
ROOM USE	58	125	3,924.84	31.40	1.623	67.67	50.97
CROSSOVERS/ALL OTH OUTPTNT	49	225	6,863.42	30.50	2.922	140.07	89.14
@COUNTY HOSPITAL TOTAL	4	34	\$ 1,054.00	\$ 31.00	.442	\$ 263.50	\$ 13.69
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	34	1,054.00	31.00	.442	263.50	13.69
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	4	120.42	30.11	.052	60.21	1.56
PATHOLOGY	2	12	257.76	21.48	.156	128.88	3.35
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	8	517.78	64.72	.104	258.89	6.72
CROSSOVERS/ALL OTH OUTPTNT	4	10	158.04	15.80	.130	39.51	2.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,431
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	90	600	\$ 63,237.13	\$ 105.40	7.792	\$ 702.63	\$ 821.26
COMM HOSP INPATIENT TOTAL	8	38	46,781.65	1231.10	.494	5847.71	607.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	38	46,781.65	1231.10	.494	5847.71	607.55
ACCOMMODATIONS	8	38	23,518.28	618.90	.494	2939.79	305.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	38	23,518.28	618.90	.494	2939.79	305.43
ANCILLARIES	8	0	23,263.37	.00	.000	2907.92	302.12
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	86	562	16,455.48	29.28	7.299	191.34	213.71
MEDICAL	16	22	1,182.32	53.74	.286	73.90	15.35
SURGERY	4	8	418.22	52.28	.104	104.56	5.43
PATHOLOGY	30	167	2,211.06	13.24	2.169	73.70	28.72
RADIOLOGY	30	33	2,531.44	76.71	.429	84.38	32.88
ROOM USE	56	117	3,407.06	29.12	1.519	60.84	44.25
CROSSOVERS/ALL OTH OUTPTNT	45	215	6,705.38	31.19	2.792	149.01	87.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	56	\$	1,087.38	\$ 19.42	.727	\$ 67.96	\$ 14.12
PATHOLOGY	16	56		1,087.38	19.42	.727	67.96	14.12
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	55	140	\$	13,055.68	\$ 93.25	1.818	\$ 237.38	\$ 169.55
CLINIC	3	31		1,120.24	36.14	.403	373.41	14.55
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	53	109		11,935.44	109.50	1.416	225.20	155.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,432
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	125	\$ 3,381.38	\$ 27.05	1.623	\$ 281.78	\$ 43.91
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	115	2,621.73	22.80	1.494	873.91	34.05
AMBULANCES/AIR TRANS	3	114	1,346.73	11.81	1.481	448.91	17.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.013	1275.00	16.56
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.091	105.00	9.55
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.026	16.64	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.013	8.01	.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,433
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	162	1,173	\$ 93,467.04	\$ 79.68	15.234	\$ 576.96	\$ 1213.86
@PHYSICIANS SERVICES	45	104	\$ 5,029.33	\$ 48.36	1.351	\$ 111.76	\$ 65.32

OUTPATIENT VISITS	11	26		1,218.24	46.86	.338	110.75	15.82
OFFICE VISITS	3	5		235.80	47.16	.065	78.60	3.06
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		89.20	44.60	.026	44.60	1.16
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	19		893.24	47.01	.247	148.87	11.60
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	7		338.84	48.41	.091	112.95	4.40
HOSPITAL VISITS	3	7		338.84	48.41	.091	112.95	4.40
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	22		1,206.46	54.84	.286	201.08	15.67
PRINCIPAL SURGEON	1	1		544.28	544.28	.013	544.28	7.07
ASSISTANT SURGEON	1	1		186.50	186.50	.013	186.50	2.42
ANESTHESIOLOGIST	4	20		475.68	23.78	.260	118.92	6.18
OUTPATIENT SURGERY	5	6		766.38	127.73	.078	153.28	9.95
PRINCIPAL SURGEON	5	6		766.38	127.73	.078	153.28	9.95
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	6		120.82	20.14	.078	40.27	1.57
RADIOLOGY	31	34		1,304.75	38.38	.442	42.09	16.94
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3		73.84	24.61	.039	73.84	.96
@PHARMACY	42	106	\$	5,887.00	\$ 55.54	1.377	\$ 140.17	\$ 76.45
PRESCRIPTION DRUGS	42	106		5,887.00	55.54	1.377	140.17	76.45
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	42	106		5,887.00	55.54	1.377	140.17	76.45
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	1	\$	25.00	\$ 25.00	.013	\$ 25.00	\$.32
VISITS - DIAGNOSTIC	1	1		25.00	25.00	.013	25.00	.32
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,434
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

						----- MONTHLY AVERAGE -----			
77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	1	4	\$ 82.29	\$ 20.57	.052	\$ 82.29	\$ 1.07		
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.013	39.44	.51		

EYE APPLIANCES	1	3		42.85	14.28	.039	42.85	.56
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	3	\$	627.85	\$ 209.28	.039	\$ 627.85	\$ 8.15
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	94	634	\$	64,291.13	\$ 101.41	8.234	\$ 683.95	\$ 834.95
HOSP INPATIENT TOTAL	8	38		46,781.65	1231.10	.494	5847.71	607.55
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	38		46,781.65	1231.10	.494	5847.71	607.55
ACCOMMODATIONS	8	38		23,518.28	618.90	.494	2939.79	305.43
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	38		23,518.28	618.90	.494	2939.79	305.43
ANCILLARIES	8	0		23,263.37	.00	.000	2907.92	302.12
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	90	596		17,509.48	29.38	7.740	194.55	227.40
MEDICAL	16	22		1,182.32	53.74	.286	73.90	15.35
SURGERY	6	12		538.64	44.89	.156	89.77	7.00
PATHOLOGY	32	179		2,468.82	13.79	2.325	77.15	32.06
RADIOLOGY	30	33		2,531.44	76.71	.429	84.38	32.88
ROOM USE	58	125		3,924.84	31.40	1.623	67.67	50.97

CROSSOVERS/ALL OTH OUTPTNT	49	225		6,863.42	30.50	2.922	140.07	89.14
@COUNTY HOSPITAL TOTAL	4	34	\$	1,054.00	\$ 31.00	.442	\$ 263.50	\$ 13.69
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	34		1,054.00	31.00	.442	263.50	13.69
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	2	4		120.42	30.11	.052	60.21	1.56
PATHOLOGY	2	12		257.76	21.48	.156	128.88	3.35
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	8		517.78	64.72	.104	258.89	6.72
CROSSOVERS/ALL OTH OUTPTNT	4	10		158.04	15.80	.130	39.51	2.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,435
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	90		600	\$ 63,237.13	\$ 105.40	7.792	\$ 702.63	\$ 821.26
COMM HOSP INPATIENT TOTAL	8		38	46,781.65	1231.10	.494	5847.71	607.55
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8		38	46,781.65	1231.10	.494	5847.71	607.55
ACCOMMODATIONS	8		38	23,518.28	618.90	.494	2939.79	305.43
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8		38	23,518.28	618.90	.494	2939.79	305.43
ANCILLARIES	8		0	23,263.37	.00	.000	2907.92	302.12
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	86		562	16,455.48	29.28	7.299	191.34	213.71
MEDICAL	16		22	1,182.32	53.74	.286	73.90	15.35
SURGERY	4		8	418.22	52.28	.104	104.56	5.43
PATHOLOGY	30		167	2,211.06	13.24	2.169	73.70	28.72
RADIOLOGY	30		33	2,531.44	76.71	.429	84.38	32.88
ROOM USE	56		117	3,407.06	29.12	1.519	60.84	44.25
CROSSOVERS/ALL OTH OUTPTNT	45		215	6,705.38	31.19	2.792	149.01	87.08
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	16	56	\$	1,087.38	\$	19.42	.727	\$ 67.96	\$ 14.12
PATHOLOGY	16	56		1,087.38		19.42	.727	67.96	14.12
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	55	140	\$	13,055.68	\$	93.25	1.818	\$ 237.38	\$ 169.55
CLINIC	3	31		1,120.24		36.14	.403	373.41	14.55
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	53	109		11,935.44		109.50	1.416	225.20	155.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 2,436
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL								

	77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12		125 \$	3,381.38	\$ 27.05	1.623	\$ 281.78	\$ 43.91
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3		115	2,621.73	22.80	1.494	873.91	34.05
AMBULANCES/AIR TRANS	3		114	1,346.73	11.81	1.481	448.91	17.49
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,275.00	1275.00	.013	1275.00	16.56
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7		7	735.00	105.00	.091	105.00	9.55
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		2	16.64	8.32	.026	16.64	.22
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1		1	8.01	8.01	.013	8.01	.10
@CALIF. CHILDREN SERVICES*	0		0 \$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0 \$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,437
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	579	\$ 46,469.25	\$ 80.26	21.444	\$ 2212.82	\$ 1721.08
@PHYSICIANS SERVICES	8	12	\$ 320.60	\$ 26.72	.444	\$ 40.08	\$ 11.87
OUTPATIENT VISITS	1	1	18.10	18.10	.037	18.10	.67
OFFICE VISITS	1	1	18.10	18.10	.037	18.10	.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	11	302.50	27.50	.407	43.21	11.20
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	11	302.50	27.50	.407	43.21	11.20
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	15	102	\$ 7,864.84	\$ 77.11	3.778	\$ 524.32	\$ 291.29
PRESCRIPTION DRUGS	15	102	7,864.84	77.11	3.778	524.32	291.29
SNF/ICF	12	91	7,488.79	82.29	3.370	624.07	277.36
OUTPATIENTS	3	11	376.05	34.19	.407	125.35	13.93
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.148	\$ 100.56	\$ 3.72
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.037	47.45	1.76
EYE APPLIANCES	1	3	53.11	17.70	.111	53.11	1.97
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	59	\$ 1,038.72	\$ 17.61	2.185	\$ 69.25	\$ 38.47
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	59	1,038.72	17.61	2.185	69.25	38.47
MEDICAL	3	4	344.46	86.12	.148	114.82	12.76
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	51	579.62	11.37	1.889	41.40	21.47
RADIOLOGY	2	2	45.08	22.54	.074	22.54	1.67
ROOM USE	2	2	69.56	34.78	.074	34.78	2.58
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	59	\$ 1,038.72	\$ 17.61	2.185	\$ 69.25	\$ 38.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	59	1,038.72	17.61	2.185	69.25	38.47
MEDICAL	3	4	344.46	86.12	.148	114.82	12.76
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	51	579.62	11.37	1.889	41.40	21.47
RADIOLOGY	2	2	45.08	22.54	.074	22.54	1.67
ROOM USE	2	2	69.56	34.78	.074	34.78	2.58
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	366	\$ 36,643.34	\$ 100.12	13.556	\$ 3053.61	\$ 1357.16
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	366	36,643.34	100.12	13.556	3053.61	1357.16
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 109.96	\$ 109.96	.037	\$ 109.96	\$ 4.07
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	109.96	109.96	.037	109.96	4.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,440
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC						AID CODE 53

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	35	\$ 391.23	\$ 11.18	1.296	\$ 55.89	\$ 14.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	33	365.15	11.07	1.222	60.86	13.52
AMBULANCES/AIR TRANS	2	7	139.50	19.93	.259	69.75	5.17
OTHER TRANS	4	25	215.77	8.63	.926	53.94	7.99
OTHER SERVICES	1	1	9.88	9.88	.037	9.88	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.074	26.08	.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,441

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,442
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,443
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,444
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,445
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	21	579	\$ 46,469.25	\$ 80.26	21.444	\$ 2212.82	\$ 1721.08
@PHYSICIANS SERVICES	8	12	\$ 320.60	\$ 26.72	.444	\$ 40.08	\$ 11.87
OUTPATIENT VISITS	1	1	18.10	18.10	.037	18.10	.67
OFFICE VISITS	1	1	18.10	18.10	.037	18.10	.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	11	302.50	27.50	.407	43.21	11.20
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	11	302.50	27.50	.407	43.21	11.20
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	15	102	\$ 7,864.84	\$ 77.11	3.778	\$ 524.32	\$ 291.29
PRESCRIPTION DRUGS	15	102	7,864.84	77.11	3.778	524.32	291.29
SNF/ICF	12	91	7,488.79	82.29	3.370	624.07	277.36
OUTPATIENTS	3	11	376.05	34.19	.407	125.35	13.93
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,446
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4 \$	100.56	\$ 25.14	.148	\$ 100.56	\$ 3.72
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.037	47.45	1.76
EYE APPLIANCES	1	3	53.11	17.70	.111	53.11	1.97
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	59 \$	1,038.72	\$ 17.61	2.185	\$ 69.25	\$ 38.47
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	59	1,038.72	17.61	2.185	69.25	38.47
MEDICAL	3	4	344.46	86.12	.148	114.82	12.76
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	51	579.62	11.37	1.889	41.40	21.47
RADIOLOGY	2	2	45.08	22.54	.074	22.54	1.67
ROOM USE	2	2	69.56	34.78	.074	34.78	2.58
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,447
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	59	\$ 1,038.72	\$ 17.61	2.185	\$ 69.25	\$ 38.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	59	1,038.72	17.61	2.185	69.25	38.47
MEDICAL	3	4	344.46	86.12	.148	114.82	12.76
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	51	579.62	11.37	1.889	41.40	21.47
RADIOLOGY	2	2	45.08	22.54	.074	22.54	1.67
ROOM USE	2	2	69.56	34.78	.074	34.78	2.58
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	366	\$ 36,643.34	\$ 100.12	13.556	\$ 3053.61	\$ 1357.16
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	366	36,643.34	100.12	13.556	3053.61	1357.16
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	109.96	\$ 109.96	.037	\$ 109.96	\$ 4.07
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		109.96	109.96	.037	109.96	4.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,448
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	35	\$ 391.23	\$ 11.18	1.296	\$ 55.89	\$ 14.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	33	365.15	11.07	1.222	60.86	13.52
AMBULANCES/AIR TRANS	2	7	139.50	19.93	.259	69.75	5.17
OTHER TRANS	4	25	215.77	8.63	.926	53.94	7.99
OTHER SERVICES	1	1	9.88	9.88	.037	9.88	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.074	26.08	.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,449
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,450
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,451
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,452
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	183	1,752	\$ 139,936.29	\$ 79.87	16.846	\$ 764.68	\$ 1345.54
@PHYSICIANS SERVICES	53	116	\$ 5,349.93	\$ 46.12	1.115	\$ 100.94	\$ 51.44
OUTPATIENT VISITS	12	27	1,236.34	45.79	.260	103.03	11.89
OFFICE VISITS	4	6	253.90	42.32	.058	63.48	2.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.019	44.60	.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	19	893.24	47.01	.183	148.87	8.59
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	10	18	641.34	35.63	.173	64.13	6.17
HOSPITAL VISITS	3	7	338.84	48.41	.067	112.95	3.26
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	11	302.50	27.50	.106	43.21	2.91
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	22	1,206.46	54.84	.212	201.08	11.60
PRINCIPAL SURGEON	1	1	544.28	544.28	.010	544.28	5.23
ASSISTANT SURGEON	1	1	186.50	186.50	.010	186.50	1.79
ANESTHESIOLOGIST	4	20	475.68	23.78	.192	118.92	4.57
OUTPATIENT SURGERY	5	6	766.38	127.73	.058	153.28	7.37
PRINCIPAL SURGEON	5	6	766.38	127.73	.058	153.28	7.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	120.82	20.14	.058	40.27	1.16
RADIOLOGY	31	34	1,304.75	38.38	.327	42.09	12.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	73.84	24.61	.029	73.84	.71
@PHARMACY	57	208	\$ 13,751.84	\$ 66.11	2.000	\$ 241.26	\$ 132.23
PRESCRIPTION DRUGS	57	208	13,751.84	66.11	2.000	241.26	132.23
SNF/ICF	12	91	7,488.79	82.29	.875	624.07	72.01
OUTPATIENTS	45	117	6,263.05	53.53	1.125	139.18	60.22
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1	\$ 25.00	\$ 25.00	.010	\$ 25.00	\$.24
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.010	25.00	.24
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	8	\$ 182.85	\$ 22.86	.077	\$ 91.43	\$ 1.76
DIAGNOSTIC AND ANC. PROCED	2	2	86.89	43.45	.019	43.45	.84
EYE APPLIANCES	2	6	95.96	15.99	.058	47.98	.92
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	3	\$ 627.85	\$ 209.28	.029	\$ 627.85	\$ 6.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	109	693	\$ 65,329.85	\$ 94.27	6.663	\$ 599.36	\$ 628.17
HOSP INPATIENT TOTAL	8	38	46,781.65	1231.10	.365	5847.71	449.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	38	46,781.65	1231.10	.365	5847.71	449.82
ACCOMMODATIONS	8	38	23,518.28	618.90	.365	2939.79	226.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	38	23,518.28	618.90	.365	2939.79	226.14
ANCILLARIES	8	0	23,263.37	.00	.000	2907.92	223.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	105	655	18,548.20	28.32	6.298	176.65	178.35
MEDICAL	19	26	1,526.78	58.72	.250	80.36	14.68
SURGERY	6	12	538.64	44.89	.115	89.77	5.18
PATHOLOGY	46	230	3,048.44	13.25	2.212	66.27	29.31
RADIOLOGY	32	35	2,576.52	73.61	.337	80.52	24.77
ROOM USE	60	127	3,994.40	31.45	1.221	66.57	38.41
CROSSOVERS/ALL OTH OUTPTNT	49	225	6,863.42	30.50	2.163	140.07	65.99
@COUNTY HOSPITAL TOTAL	4	34	1,054.00	31.00	.327	263.50	10.13
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	34	1,054.00	31.00	.327	263.50	10.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	4	120.42	30.11	.038	60.21	1.16
PATHOLOGY	2	12	257.76	21.48	.115	128.88	2.48
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	8	517.78	64.72	.077	258.89	4.98
CROSSOVERS/ALL OTH OUTPTNT	4	10	158.04	15.80	.096	39.51	1.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,455
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

					----- MONTHLY AVERAGE -----			
104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	105	659	\$ 64,275.85	\$ 97.54	6.337	\$ 612.15	\$ 618.04	
COMM HOSP INPATIENT TOTAL	8	38	46,781.65	1231.10	.365	5847.71	449.82	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	8	38	46,781.65	1231.10	.365	5847.71	449.82	
ACCOMMODATIONS	8	38	23,518.28	618.90	.365	2939.79	226.14	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	8	38	23,518.28	618.90	.365	2939.79	226.14	
ANCILLARIES	8	0	23,263.37	.00	.000	2907.92	223.69	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	101	621	17,494.20	28.17	5.971	173.21	168.21	
MEDICAL	19	26	1,526.78	58.72	.250	80.36	14.68	
SURGERY	4	8	418.22	52.28	.077	104.56	4.02	
PATHOLOGY	44	218	2,790.68	12.80	2.096	63.42	26.83	
RADIOLOGY	32	35	2,576.52	73.61	.337	80.52	24.77	
ROOM USE	58	119	3,476.62	29.22	1.144	59.94	33.43	
CROSSOVERS/ALL OTH OUTPTNT	45	215	6,705.38	31.19	2.067	149.01	64.47	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	12	366	\$ 36,643.34	\$ 100.12	3.519	\$ 3053.61	\$ 352.34	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	366	36,643.34	100.12	3.519	3053.61	352.34
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	56	1,087.38	19.42	.538	67.96	10.46
PATHOLOGY	16	56	1,087.38	19.42	.538	67.96	10.46
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	56	141	13,165.64	93.37	1.356	235.10	126.59
CLINIC	3	31	1,120.24	36.14	.298	373.41	10.77
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	54	110	12,045.40	109.50	1.058	223.06	115.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,456
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	160	\$ 3,772.61	\$ 23.58	1.538	\$ 198.56	\$ 36.28
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	148	2,986.88	20.18	1.423	331.88	28.72
AMBULANCES/AIR TRANS	5	121	1,486.23	12.28	1.163	297.25	14.29
OTHER TRANS	4	25	215.77	8.63	.240	53.94	2.07
OTHER SERVICES	2	2	1,284.88	642.44	.019	642.44	12.35
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.067	105.00	7.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.038	21.36	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.010	8.01	.08
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,457
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

	5,810 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		5,139	89,083	\$ 3,419,544.72	\$ 38.39	15.333	\$ 665.41	\$ 588.56
@PHYSICIANS SERVICES		829	1,975	\$ 31,078.59	\$ 15.74	.340	\$ 37.49	\$ 5.35
OUTPATIENT VISITS		3	3	48.00	16.00	.001	16.00	.01
OFFICE VISITS		3	3	48.00	16.00	.001	16.00	.01
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00
INPATIENT VISITS		0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS		0	0	.00	.00	.000	.00	.00
CRITICAL CARE		0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		1	2	80.30	40.15	.000	80.30	.01
EXAMINATIONS		1	2	80.30	40.15	.000	80.30	.01
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		1	1	421.82	421.82	.000	421.82	.07
PRINCIPAL SURGEON		1	1	421.82	421.82	.000	421.82	.07
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY		0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON		0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		0	0	.00	.00	.000	.00	.00
DIALYSIS		0	0	.00	.00	.000	.00	.00
PATHOLOGY		2	2	61.09	30.55	.000	30.55	.01
RADIOLOGY		7	10	109.08	10.91	.002	15.58	.02
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS		816	1,957	30,358.30	15.51	.337	37.20	5.23
@PHARMACY		4,191	51,999	\$ 1,462,947.41	\$ 28.13	8.950	\$ 349.07	\$ 251.80
PRESCRIPTION DRUGS		4,117	17,839	1,431,808.64	80.26	3.070	347.78	246.44
SNF/ICF		541	3,384	202,211.04	59.76	.582	373.77	34.80
OUTPATIENTS		3,589	14,455	1,229,597.60	85.06	2.488	342.60	211.63
MEDICAL SUPPLIES		342	34,160	31,138.77	.91	5.880	91.05	5.36
@DENTIST		89	345	\$ 25,947.92	\$ 75.21	.059	\$ 291.55	\$ 4.47
VISITS - DIAGNOSTIC		46	119	1,772.65	14.90	.020	38.54	.31
ORAL SURGERY		17	127	7,809.00	61.49	.022	459.35	1.34
DRUGS		0	0	.00	.00	.000	.00	.00
ANESTHESIA		5	5	400.00	80.00	.001	80.00	.07
PERIODONTICS		3	3	165.00	55.00	.001	55.00	.03
ENDODONTICS		1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY		6	7	411.00	58.71	.001	68.50	.07
PROSTHETICS		1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES		38	77	15,360.27	199.48	.013	404.22	2.64
SPACE MAINTAINERS		0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,458
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

	5,810 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	81	207	\$	4,257.90	\$ 20.57	.036	\$ 52.57	\$.73
DIAGNOSTIC AND ANC. PROCED	20	25		892.10	35.68	.004	44.61	.15
EYE APPLIANCES	66	175		3,137.48	17.93	.030	47.54	.54
OTHER OPTOMETRIC SERVICES	7	7		228.32	32.62	.001	32.62	.04
@CHIROPRACITOR	5	12	\$	118.19	\$ 9.85	.002	\$ 23.64	\$.02
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	5	12		118.19	9.85	.002	23.64	.02
@PODIATRIST	100	162	\$	1,698.12	\$ 10.48	.028	\$ 16.98	\$.29
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	100	162		1,698.12	10.48	.028	16.98	.29
@HOME HEALTH AGENCY	1	6	\$	449.16	\$ 74.86	.001	\$ 449.16	\$.08
NURSE ANESTHESIST	9	17	\$	299.30	\$ 17.61	.003	\$ 33.26	\$.05
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	12.41	\$ 12.41	.000	\$ 12.41	\$.00
@TOTAL HOSPITAL	524	1,572	\$	135,534.65	\$ 86.22	.271	\$ 258.65	\$ 23.33
HOSP INPATIENT TOTAL	110	12		109,338.31	9111.53	.002	993.98	18.82
HSC HOSPITALS	1	8		8,190.13	1023.77	.001	8190.13	1.41
NON-HSC HOSPITAL TOTAL	2	4		8,725.96	2181.49	.001	4362.98	1.50
ACCOMMODATIONS	2	4		3,862.36	965.59	.001	1931.18	.66
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4		3,862.36	965.59	.001	1931.18	.66
ANCILLARIES	2	0		4,863.60	.00	.000	2431.80	.84
INPATIENT CROSSOVERS	107	0		92,422.22	.00	.000	863.76	15.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	490	1,560		26,196.34	16.79	.269	53.46	4.51
MEDICAL	9	13		755.78	58.14	.002	83.98	.13
SURGERY	1	1		13.43	13.43	.000	13.43	.00
PATHOLOGY	7	19		221.89	11.68	.003	31.70	.04
RADIOLOGY	6	7		141.95	20.28	.001	23.66	.02
ROOM USE	2	2		171.09	85.55	.000	85.55	.03
CROSSOVERS/ALL OTH OUTPTNT	473	1,518		24,892.20	16.40	.261	52.63	4.28
@COUNTY HOSPITAL TOTAL	4	10	\$	286.60	\$ 28.66	.002	\$ 71.65	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	4	10	286.60	28.66	.002	71.65	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10	286.60	28.66	.002	71.65	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,459
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

	5,810 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	520		1,562	\$ 135,248.05	\$ 86.59	.269	\$ 260.09	\$ 23.28
COMM HOSP INPATIENT TOTAL	110		12	109,338.31	9111.53	.002	993.98	18.82
HSC HOSPITALS	1		8	8,190.13	1023.77	.001	8190.13	1.41
NON-HSC HOSPITALS TOTAL	2		4	8,725.96	2181.49	.001	4362.98	1.50
ACCOMMODATIONS	2		4	3,862.36	965.59	.001	1931.18	.66
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2		4	3,862.36	965.59	.001	1931.18	.66
ANCILLARIES	2		0	4,863.60	.00	.000	2431.80	.84
INPATIENT CROSSOVERS	107		0	92,422.22	.00	.000	863.76	15.91
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	486		1,550	25,909.74	16.72	.267	53.31	4.46
MEDICAL	9		13	755.78	58.14	.002	83.98	.13
SURGERY	1		1	13.43	13.43	.000	13.43	.00
PATHOLOGY	7		19	221.89	11.68	.003	31.70	.04
RADIOLOGY	6		7	141.95	20.28	.001	23.66	.02
ROOM USE	2		2	171.09	85.55	.000	85.55	.03
CROSSOVERS/ALL OTH OUTPTNT	469		1,508	24,605.60	16.32	.260	52.46	4.24
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	556	14,216	\$ 1,635,012.36	\$ 115.01	2.447	\$ 2940.67	\$ 281.41
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	2	74	8,468.68	114.44	.013	4234.34	1.46
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	554	14,142	1,626,543.68	115.02	2.434	2936.00	279.96
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	45	79	\$ 825.81	\$ 10.45	.014	\$ 18.35	\$.14
PATHOLOGY	42	65	793.40	12.21	.011	18.89	.14
XO AND OTHERS	3	14	32.41	2.32	.002	10.80	.01
@ORGANIZED OUTPATIENT CLINIC	886	1,470	\$ 72,453.66	\$ 49.29	.253	\$ 81.78	\$ 12.47
CLINIC	1	3	187.77	62.59	.001	187.77	.03
SURGICENTER	1	1	8.52	8.52	.000	8.52	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	885	1,466	72,257.37	49.29	.252	81.65	12.44

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,460
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
5,810 ELIGIBLES							
@ALL OTHER PROVIDERS	825	17,022	\$ 48,909.24	\$ 2.87	2.930	\$ 59.28	\$ 8.42
DURABLE MED. EQUIP.	32	272	7,344.30	27.00	.047	229.51	1.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6	2,597.16	432.86	.001	432.86	.45
MEDICAL TRANSPORTATION	70	2,104	4,389.67	2.09	.362	62.71	.76
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	51	1,991	4,180.72	2.10	.343	81.97	.72
OTHER SERVICES	20	113	208.95	1.85	.019	10.45	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	74	5,159.36	69.72	.013	1031.87	.89
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	127	294	3,467.73	11.80	.051	27.30	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.000	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	11	2,730.12	248.19	.002	273.01	.47
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	603	14,260	23,220.40	1.63	2.454	38.51	4.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,724	9,218	\$ 295,353.32	\$ 32.04	1.587	\$ 171.32	\$ 50.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,461
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	254	10,783	\$ 176,078.47	\$ 16.33	33.803	\$ 693.22	\$ 551.97
@PHYSICIANS SERVICES	50	129	\$ 6,822.78	\$ 52.89	.404	\$ 136.46	\$ 21.39
OUTPATIENT VISITS	15	21	931.19	44.34	.066	62.08	2.92
OFFICE VISITS	14	19	826.45	43.50	.060	59.03	2.59
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.003	44.60	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	60.14	60.14	.003	60.14	.19
INPATIENT VISITS	4	15	1,016.56	67.77	.047	254.14	3.19
HOSPITAL VISITS	4	14	792.31	56.59	.044	198.08	2.48
CRITICAL CARE	1	1	224.25	224.25	.003	224.25	.70
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.003	37.15	.12
EXAMINATIONS	1	1	37.15	37.15	.003	37.15	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	4	203.87	50.97	.013	50.97	.64
PRINCIPAL SURGEON	4	4	203.87	50.97	.013	50.97	.64
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	5.14	2.57	.006	2.57	.02
RADIOLOGY	7	8	60.94	7.62	.025	8.71	.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	20	3,218.30	160.92	.063	804.58	10.09
OTHER SERVICES/ALL X-OVERS	35	58	1,349.63	23.27	.182	38.56	4.23
@PHARMACY	220	9,867	\$ 98,855.68	\$ 10.02	30.931	\$ 449.34	\$ 309.89
PRESCRIPTION DRUGS	215	965	92,532.98	95.89	3.025	430.39	290.07
SNF/ICF	12	114	9,689.20	84.99	.357	807.43	30.37
OUTPATIENTS	203	851	82,843.78	97.35	2.668	408.10	259.70
MEDICAL SUPPLIES	49	8,902	6,322.70	.71	27.906	129.03	19.82
@DENTIST	2	31	\$ 1,361.00	\$ 43.90	.097	\$ 680.50	\$ 4.27
VISITS - DIAGNOSTIC	2	8	174.00	21.75	.025	87.00	.55
ORAL SURGERY	1	22	1,087.00	49.41	.069	1087.00	3.41
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.003	100.00	.31

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,462
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	13	\$ 1,046.05	\$ 80.47	.041	\$ 174.34	\$ 3.28
DIAGNOSTIC AND ANC. PROCED	3	3	113.55	37.85	.009	37.85	.36
EYE APPLIANCES	5	10	932.50	93.25	.031	186.50	2.92
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	1	1	\$ 16.72	\$ 16.72	.003	\$ 16.72	\$.05
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.003	16.72	.05
@PODIATRIST	1	1	\$ 24.00	\$ 24.00	.003	\$ 24.00	\$.08
MEDICINE/INJECTIONS	1	1	24.00	24.00	.003	24.00	.08
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	3	\$ 71.85	\$ 23.95	.009	\$ 71.85	\$.23
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	35	140	\$ 10,103.33	\$ 72.17	.439	\$ 288.67	\$ 31.67
HOSP INPATIENT TOTAL	2	5	6,889.20	1377.84	.016	3444.60	21.60
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	5	6,366.15	1273.23	.016	6366.15	19.96
ACCOMMODATIONS	1	5	2,799.90	559.98	.016	2799.90	8.78
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,799.90	559.98	.016	2799.90	8.78
ANCILLARIES	1	0	3,566.25	.00	.000	3566.25	11.18
INPATIENT CROSSOVERS	1	0	523.05	.00	.000	523.05	1.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33	135	3,214.13	23.81	.423	97.40	10.08
MEDICAL	8	16	858.42	53.65	.050	107.30	2.69
SURGERY	1	1	67.33	67.33	.003	67.33	.21
PATHOLOGY	8	35	390.60	11.16	.110	48.83	1.22
RADIOLOGY	9	13	342.90	26.38	.041	38.10	1.07
ROOM USE	13	17	694.76	40.87	.053	53.44	2.18
CROSSOVERS/ALL OTH OUTPTNT	25	53	860.12	16.23	.166	34.40	2.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	140	\$ 10,103.33	\$ 72.17	.439	\$ 288.67	\$ 31.67
COMM HOSP INPATIENT TOTAL	2	5	6,889.20	1377.84	.016	3444.60	21.60
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	5	6,366.15	1273.23	.016	6366.15	19.96
ACCOMMODATIONS	1	5	2,799.90	559.98	.016	2799.90	8.78
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,799.90	559.98	.016	2799.90	8.78
ANCILLARIES	1	0	3,566.25	.00	.000	3566.25	11.18
INPATIENT CROSSOVERS	1	0	523.05	.00	.000	523.05	1.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	135	3,214.13	23.81	.423	97.40	10.08
MEDICAL	8	16	858.42	53.65	.050	107.30	2.69
SURGERY	1	1	67.33	67.33	.003	67.33	.21
PATHOLOGY	8	35	390.60	11.16	.110	48.83	1.22
RADIOLOGY	9	13	342.90	26.38	.041	38.10	1.07
ROOM USE	13	17	694.76	40.87	.053	53.44	2.18
CROSSOVERS/ALL OTH OUTPTNT	25	53	860.12	16.23	.166	34.40	2.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	16	311	\$ 38,519.74	\$ 123.86	.975	\$ 2407.48	\$ 120.75
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	311	38,519.74	123.86	.975	2407.48	120.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	6	\$	60.13	\$ 10.02	.019	\$ 10.02	\$.19
PATHOLOGY	6	6		60.13	10.02	.019	10.02	.19
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	43	53	\$	3,746.48	\$ 70.69	.166	\$ 87.13	\$ 11.74
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	43	53		3,746.48	70.69	.166	87.13	11.74

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35	228	\$ 15,450.71	\$ 67.77	.715	\$ 441.45	\$ 48.43
DURABLE MED. EQUIP.	6	21	9,261.23	441.01	.066	1543.54	29.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	106	2,844.74	26.84	.332	474.12	8.92
AMBULANCES/AIR TRANS	5	101	1,538.16	15.23	.317	307.63	4.82
OTHER TRANS	1	4	31.58	7.90	.013	31.58	.10
OTHER SERVICES	1	1	1,275.00	1275.00	.003	1275.00	4.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	1,720.29	143.36	.038	286.72	5.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	926.74	154.46	.019	926.74	2.91

PROSTHETICS	1	6	926.74	154.46	.019	926.74	2.91
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	83	697.71	8.41	.260	41.04	2.19
@CALIF. CHILDREN SERVICES*	16	206	\$ 16,495.08	\$ 80.07	.646	\$ 1030.94	\$ 51.71
@XOVER EXCLUDING STATE HOSP**	66	944	\$ 5,653.04	\$ 5.99	2.959	\$ 85.65	\$ 17.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

					----- MONTHLY AVERAGE -----			
24,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	22,367	484,479	\$ 15,208,952.18	\$ 31.39	19.914	\$ 679.97	\$ 625.16	
@PHYSICIANS SERVICES	4,419	12,658	\$ 466,177.56	\$ 36.83	.520	\$ 105.49	\$ 19.16	
OUTPATIENT VISITS	1,288	1,819	64,774.03	35.61	.075	50.29	2.66	
OFFICE VISITS	1,114	1,553	51,993.75	33.48	.064	46.67	2.14	
HOME VISITS	2	2	44.10	22.05	.000	22.05	.00	
EMERGENCY ROOM	136	180	10,546.40	58.59	.007	77.55	.43	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	6	17	272.37	16.02	.001	45.40	.01	
OTHER OUTPATIENT	59	67	1,917.41	28.62	.003	32.50	.08	
INPATIENT VISITS	169	820	47,572.47	58.02	.034	281.49	1.96	
HOSPITAL VISITS	150	647	27,726.71	42.85	.027	184.84	1.14	
CRITICAL CARE	15	152	18,883.86	124.24	.006	1258.92	.78	
SNF/ICF/TRANS IP CARE	18	21	961.90	45.80	.001	53.44	.04	
OPHTHALMOLOGICAL SERVICES	123	158	6,310.85	39.94	.006	51.31	.26	
EXAMINATIONS	123	158	6,310.85	39.94	.006	51.31	.26	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	151	951	85,343.19	89.74	.039	565.19	3.51	
PRINCIPAL SURGEON	116	175	69,467.26	396.96	.007	598.86	2.86	
ASSISTANT SURGEON	18	17	3,216.58	189.21	.001	178.70	.13	
ANESTHESIOLOGIST	41	759	12,659.35	16.68	.031	308.76	.52	
OUTPATIENT SURGERY	362	735	96,239.43	130.94	.030	265.85	3.96	
PRINCIPAL SURGEON	346	487	91,499.35	187.88	.020	264.45	3.76	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	27	248	4,740.08	19.11	.010	175.56	.19	
DIALYSIS	14	53	4,019.40	75.84	.002	287.10	.17	
PATHOLOGY	390	744	11,991.79	16.12	.031	30.75	.49	
RADIOLOGY	1,421	2,520	63,498.63	25.20	.104	44.69	2.61	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	72	210	11,595.71	55.22	.009	161.05	.48	
OTHER SERVICES/ALL X-OVERS	1,792	4,648	74,832.06	16.10	.191	41.76	3.08	
@PHARMACY	16,566	230,952	\$ 8,022,070.73	\$ 34.73	9.493	\$ 484.25	\$ 329.75	
PRESCRIPTION DRUGS	16,319	70,465	7,859,264.48	111.53	2.896	481.60	323.05	
SNF/ICF	166	1,937	177,815.01	91.80	.080	1071.17	7.31	
OUTPATIENTS	16,174	68,528	7,681,449.47	112.09	2.817	474.93	315.75	

MEDICAL SUPPLIES	1,437	160,487		162,806.25		1.01	6.597	113.30	6.69
@DENTIST	400	1,915	\$	89,829.92	\$	46.91	.079	\$ 224.57	\$ 3.69
VISITS - DIAGNOSTIC	288	929		13,590.90		14.63	.038	47.19	.56
ORAL SURGERY	84	545		29,588.00		54.29	.022	352.24	1.22
DRUGS	2	3		.00		.00	.000	.00	.00
ANESTHESIA	34	34		3,300.00		97.06	.001	97.06	.14
PERIODONTICS	6	6		489.00		81.50	.000	81.50	.02
ENDODONTICS	15	38		7,087.00		186.50	.002	472.47	.29
RESTORATIVE DENTISTRY	74	188		9,315.00		49.55	.008	125.88	.38
PROSTHETICS	4	4		140.00		35.00	.000	35.00	.01
DENTURES, STAYPLATES	73	122		26,115.02		214.06	.005	357.74	1.07
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		100.00		50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4		105.00		26.25	.000	26.25	.00
ALL OTHER SERVICES	10	40		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,466		
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05		
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

	24,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	675	1,825	\$	39,646.48	\$ 21.72	.075	\$ 58.74	\$ 1.63
DIAGNOSTIC AND ANC. PROCED	344	385		15,150.79	39.35	.016	44.04	.62
EYE APPLIANCES	523	1,421		23,707.31	16.68	.058	45.33	.97
OTHER OPTOMETRIC SERVICES	22	19		788.38	41.49	.001	35.84	.03
@CHIROPRACITOR	227	427	\$	7,037.69	\$ 16.48	.018	\$ 31.00	\$.29
VISITS	213	405		6,729.80	16.62	.017	31.60	.28
OTHER SERVICES	15	22		307.89	14.00	.001	20.53	.01
@PODIATRIST	195	280	\$	6,304.26	\$ 22.52	.012	\$ 32.33	\$.26
MEDICINE/INJECTIONS	91	108		3,253.70	30.13	.004	35.75	.13
SURGERY/ANES.	1	2		108.14	54.07	.000	108.14	.00
RADIO./PATHOLOGY	6	11		188.59	17.14	.000	31.43	.01
OTHER	104	159		2,753.83	17.32	.007	26.48	.11
@HOME HEALTH AGENCY	81	756	\$	52,006.28	\$ 68.79	.031	\$ 642.05	\$ 2.14
NURSE ANESTHESIST	173	835	\$	16,509.15	\$ 19.77	.034	\$ 95.43	\$.68
NURSE MIDWIFE	14	27	\$	4,645.66	\$ 172.06	.001	\$ 331.83	\$.19
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$ 57.20	.000	\$ 57.20	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	81.20	\$ 40.60	.000	\$ 40.60	\$.00
@TOTAL HOSPITAL	4,522	24,040	\$	4,176,086.33	\$ 173.71	.988	\$ 923.50	\$ 171.66
HOSP INPATIENT TOTAL	434	1,367		3,394,891.83	2483.46	.056	7822.33	139.55
HSC HOSPITALS	25	169		264,966.50	1567.85	.007	10598.66	10.89
NON-HSC HOSPITAL TOTAL	263	1,198		3,003,747.84	2507.30	.049	11421.09	123.47
ACCOMMODATIONS	263	1,198		965,176.52	805.66	.049	3669.87	39.67
ADMINISTRATIVE DAYS	2	18		10,270.20	570.57	.001	5135.10	.42
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	262	1,180		954,906.32	809.24	.049	3644.68	39.25
ANCILLARIES	263	0		2,038,571.32	.00	.000	7751.22	83.80
INPATIENT CROSSOVERS	150	0		126,177.49	.00	.000	841.18	5.19
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,350	22,673		781,194.50	34.45	.932	179.58	32.11
MEDICAL	1,649	3,268		247,612.44	75.77	.134	150.16	10.18
SURGERY	376	482		24,806.89	51.47	.020	65.98	1.02
PATHOLOGY	1,617	7,144		84,426.62	11.82	.294	52.21	3.47
RADIOLOGY	1,521	2,277		176,670.08	77.59	.094	116.15	7.26
ROOM USE	1,687	2,866		119,320.55	41.63	.118	70.73	4.90

CROSSOVERS/ALL OTH OUTPTNT	2,304	6,636		128,357.92	19.34	.273	55.71	5.28
@COUNTY HOSPITAL TOTAL	19	62	\$	12,397.97	\$ 199.97	.003	\$ 652.52	\$.51
CO HOSPITAL INPATIENT TOTAL	2	8		10,490.00	1311.25	.000	5245.00	.43
HSC HOSPITALS	2	8		10,490.00	1311.25	.000	5245.00	.43
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	54		1,907.97	35.33	.002	106.00	.08
MEDICAL	4	5		267.19	53.44	.000	66.80	.01
SURGERY	2	2		70.27	35.14	.000	35.14	.00
PATHOLOGY	5	22		241.91	11.00	.001	48.38	.01
RADIOLOGY	2	5		592.54	118.51	.000	296.27	.02
ROOM USE	6	9		457.29	50.81	.000	76.22	.02
CROSSOVERS/ALL OTH OUTPTNT	6	11		278.77	25.34	.000	46.46	.01

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DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	24,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,505	23,978	\$	4,163,688.36	\$ 173.65	.986	\$ 924.24	\$ 171.15
COMM HOSP INPATIENT TOTAL	432	1,359		3,384,401.83	2490.36	.056	7834.26	139.12
HSC HOSPITALS	23	161		254,476.50	1580.60	.007	11064.20	10.46
NON-HSC HOSPITALS TOTAL	263	1,198		3,003,747.84	2507.30	.049	11421.09	123.47
ACCOMMODATIONS	263	1,198		965,176.52	805.66	.049	3669.87	39.67
ADMINISTRATIVE DAYS	2	18		10,270.20	570.57	.001	5135.10	.42
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	262	1,180		954,906.32	809.24	.049	3644.68	39.25
ANCILLARIES	263	0		2,038,571.32	.00	.000	7751.22	83.80
INPATIENT CROSSOVERS	150	0		126,177.49	.00	.000	841.18	5.19
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,334	22,619		779,286.53	34.45	.930	179.81	32.03
MEDICAL	1,645	3,263		247,345.25	75.80	.134	150.36	10.17
SURGERY	374	480		24,736.62	51.53	.020	66.14	1.02
PATHOLOGY	1,613	7,122		84,184.71	11.82	.293	52.19	3.46
RADIOLOGY	1,519	2,272		176,077.54	77.50	.093	115.92	7.24
ROOM USE	1,683	2,857		118,863.26	41.60	.117	70.63	4.89
CROSSOVERS/ALL OTH OUTPTNT	2,299	6,625		128,079.15	19.33	.272	55.71	5.26
@STATE HOSPITAL	5	152	\$	106,678.16	\$ 701.83	.006	\$ 21335.63	\$ 4.38
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	5	152		106,678.16	701.83	.006	21335.63	4.38
@NURSING FACILITY	131	2,947	\$	380,051.62	\$ 128.96	.121	\$ 2901.16	\$ 15.62
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	30		3,759.60	125.32	.001	3759.60	.15
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	130	2,917		376,292.02	129.00	.120	2894.55	15.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	401	\$ 48,868.62	\$ 121.87	.016	\$ 904.97	\$ 2.01
HOSPITAL BASED	1	7	279.06	39.87	.000	279.06	.01
HEMODIALYSIS CENTER	53	394	48,589.56	123.32	.016	916.78	2.00
@REHABILITATION FACILITY	28	268	\$ 5,774.03	\$ 21.54	.011	\$ 206.22	\$.24
HOSPITAL BASED	27	265	5,724.79	21.60	.011	212.03	.24
INDEPENDENT FACILITY	1	3	49.24	16.41	.000	49.24	.00
@LABORATORY FACILITY	1,438	4,951	\$ 62,603.42	\$ 12.64	.204	\$ 43.54	\$ 2.57
PATHOLOGY	1,434	4,937	62,460.37	12.65	.203	43.56	2.57
XO AND OTHERS	4	14	143.05	10.22	.001	35.76	.01
@ORGANIZED OUTPATIENT CLINIC	7,872	12,791	\$ 1,080,636.66	\$ 84.48	.526	\$ 137.28	\$ 44.42
CLINIC	25	57	2,742.25	48.11	.002	109.69	.11
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,851	12,734	1,077,894.41	84.65	.523	137.29	44.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,468
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DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

	24,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,920	189,251	\$	643,887.21	\$ 3.40	7.779	\$ 220.51	\$ 26.47
DURABLE MED. EQUIP.	192	980		88,517.22	90.32	.040	461.03	3.64
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5		1,987.54	397.51	.000	397.51	.08
MEDICAL TRANSPORTATION	624	112,759		317,534.70	2.82	4.635	508.87	13.05
AMBULANCES/AIR TRANS	503	14,732		138,478.82	9.40	.606	275.31	5.69
OTHER TRANS	88	96,511		142,652.17	1.48	3.967	1621.05	5.86
OTHER SERVICES	77	1,516		36,403.71	24.01	.062	472.78	1.50
ACUPUNCTURE	7	18		302.77	16.82	.001	43.25	.01
ADULT DAY HEALTH CARE CTR	13	249		17,301.08	69.48	.010	1330.85	.71
GENETIC DISEASE TESTING	7	7		735.00	105.00	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	17	69		10,889.08	157.81	.003	640.53	.45
OCCUPATIONAL THERAPIST	2	18		277.75	15.43	.001	138.88	.01
OPTICIAN	627	1,479		15,879.84	10.74	.061	25.33	.65
PHYSICAL THERAPIST	219	2,106		30,917.89	14.68	.087	141.18	1.27
PORTABLE X-RAY	1	2		1.50	.75	.000	1.50	.00
PROSTHETIST/ORTHOTISTS	34	110		32,287.71	293.52	.005	949.64	1.33
PROSTHETICS	34	110		32,287.71	293.52	.005	949.64	1.33
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	39	153		7,043.55	46.04	.006	180.60	.29
HOSPICE SERVICES	2	18		2,204.19	122.46	.001	1102.10	.09
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	277	6,848		54,629.35	7.98	.281	197.22	2.25
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,060	64,430		63,378.04	.98	2.648	59.79	2.61
@CALIF. CHILDREN SERVICES*	107	2,579	\$	219,372.86	\$ 85.06	.106	\$ 2050.21	\$ 9.02
@XOVER EXCLUDING STATE HOSP**	2,751	19,523	\$	329,027.30	\$ 16.85	.802	\$ 119.60	\$ 13.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

56,138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29,405	140,638	\$ 8,115,069.51	\$ 57.70	2.505	\$ 275.98	\$ 144.56
@PHYSICIANS SERVICES	4,389	9,809	\$ 385,181.80	\$ 39.27	.175	\$ 87.76	\$ 6.86
OUTPATIENT VISITS	1,544	1,930	70,848.37	36.71	.034	45.89	1.26
OFFICE VISITS	1,297	1,620	56,045.40	34.60	.029	43.21	1.00
HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	183	206	10,553.82	51.23	.004	57.67	.19
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	17	34	1,848.49	54.37	.001	108.73	.03
OTHER OUTPATIENT	65	68	2,338.48	34.39	.001	35.98	.04
INPATIENT VISITS	175	506	29,458.28	58.22	.009	168.33	.52
HOSPITAL VISITS	160	413	19,337.17	46.82	.007	120.86	.34
CRITICAL CARE	27	93	10,121.11	108.83	.002	374.86	.18
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	59	68	2,787.63	40.99	.001	47.25	.05
EXAMINATIONS	59	68	2,787.63	40.99	.001	47.25	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	153	649	70,058.35	107.95	.012	457.90	1.25
PRINCIPAL SURGEON	115	156	57,854.32	370.86	.003	503.08	1.03
ASSISTANT SURGEON	21	21	4,336.47	206.50	.000	206.50	.08
ANESTHESIOLOGIST	34	472	7,867.56	16.67	.008	231.40	.14
OUTPATIENT SURGERY	444	928	92,883.22	100.09	.017	209.20	1.65
PRINCIPAL SURGEON	415	618	86,550.63	140.05	.011	208.56	1.54
ASSISTANT SURGEON	2	2	269.54	134.77	.000	134.77	.00
ANESTHESIOLOGIST	36	308	6,063.05	19.69	.005	168.42	.11
DIALYSIS	3	39	648.18	16.62	.001	216.06	.01
PATHOLOGY	373	566	11,453.63	20.24	.010	30.71	.20
RADIOLOGY	2,093	3,035	70,000.94	23.06	.054	33.45	1.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	207	432		3,573.74		8.27	.008	17.26	.06
OTHER SERVICES/ALL X-OVERS	545	1,656		33,469.46		20.21	.029	61.41	.60
@PHARMACY	13,743	40,426	\$	1,944,740.80	\$	48.11	.720	\$ 141.51	\$ 34.64
PRESCRIPTION DRUGS	13,654	32,847		1,919,928.44		58.45	.585	140.61	34.20
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	13,654	32,847		1,919,928.44		58.45	.585	140.61	34.20
MEDICAL SUPPLIES	258	7,579		24,812.36		3.27	.135	96.17	.44
@DENTIST	616	4,533	\$	167,948.97	\$	37.05	.081	\$ 272.64	\$ 2.99
VISITS - DIAGNOSTIC	490	2,242		38,730.45		17.27	.040	79.04	.69
ORAL SURGERY	175	771		49,877.00		64.69	.014	285.01	.89
DRUGS	6	7		75.00		10.71	.000	12.50	.00
ANESTHESIA	58	58		5,500.00		94.83	.001	94.83	.10
PERIODONTICS	1	1		55.00		55.00	.000	55.00	.00
ENDODONTICS	77	167		14,471.00		86.65	.003	187.94	.26
RESTORATIVE DENTISTRY	216	951		48,002.25		50.48	.017	222.23	.86
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	21	40		8,718.27		217.96	.001	415.16	.16
SPACE MAINTAINERS	2	2		200.00		100.00	.000	100.00	.00
MAXILLOFACIAL SERVICES	9	9		400.00		44.44	.000	44.44	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	21	23		1,590.00		69.13	.000	75.71	.03
ALL OTHER SERVICES	31	261		300.00		1.15	.005	9.68	.01
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL FAMILIES

	56,138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	797	2,097	\$	47,673.94	\$ 22.73	.037	\$ 59.82	\$.85
DIAGNOSTIC AND ANC. PROCED	592	672		26,495.70	39.43	.012	44.76	.47
EYE APPLIANCES	514	1,421		21,144.01	14.88	.025	41.14	.38
OTHER OPTOMETRIC SERVICES	3	4		34.23	8.56	.000	11.41	.00
@CHIROPRACTOR	284	472	\$	7,744.18	\$ 16.41	.008	\$ 27.27	\$.14
VISITS	282	470		7,716.28	16.42	.008	27.36	.14
OTHER SERVICES	2	2		27.90	13.95	.000	13.95	.00
@PODIATRIST	68	96	\$	3,406.10	\$ 35.48	.002	\$ 50.09	\$.06
MEDICINE/INJECTIONS	66	80		2,814.76	35.18	.001	42.65	.05
SURGERY/ANES.	3	3		210.35	70.12	.000	70.12	.00
RADIO./PATHOLOGY	6	11		190.30	17.30	.000	31.72	.00
OTHER	1	2		190.69	95.35	.000	190.69	.00
@HOME HEALTH AGENCY	32	135	\$	8,700.86	\$ 64.45	.002	\$ 271.90	\$.15
NURSE ANESTHESIST	341	1,895	\$	34,898.43	\$ 18.42	.034	\$ 102.34	\$.62
NURSE MIDWIFE	136	271	\$	47,629.51	\$ 175.75	.005	\$ 350.22	\$.85
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$	74.22	\$ 24.74	.000	\$ 24.74	\$.00
@TOTAL HOSPITAL	6,986	35,708	\$	3,198,459.70	\$ 89.57	.636	\$ 457.84	\$ 56.97
HOSP INPATIENT TOTAL	350	1,284		2,063,085.44	1606.76	.023	5894.53	36.75
HSC HOSPITALS	30	115		170,121.00	1479.31	.002	5670.70	3.03
NON-HSC HOSPITAL TOTAL	319	1,169		1,889,543.08	1616.38	.021	5923.33	33.66
ACCOMMODATIONS	319	1,169		809,362.96	692.35	.021	2537.19	14.42
ADMINISTRATIVE DAYS	1	2		231.30	115.65	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	319	1,167		809,131.66	693.34	.021	2536.46	14.41
ANCILLARIES	319	0		1,080,180.12	.00	.000	3386.14	19.24
INPATIENT CROSSOVERS	4	0		3,421.36	.00	.000	855.34	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	6,801	34,424	1,135,374.26	32.98	.613	166.94	20.22
MEDICAL	3,468	4,818	279,807.20	58.08	.086	80.68	4.98
SURGERY	764	994	55,578.75	55.91	.018	72.75	.99
PATHOLOGY	2,634	9,559	119,793.42	12.53	.170	45.48	2.13
RADIOLOGY	2,378	3,350	219,919.89	65.65	.060	92.48	3.92
ROOM USE	4,177	6,079	239,126.39	39.34	.108	57.25	4.26
CROSSOVERS/ALL OTH OUTPTNT	3,121	9,624	221,148.61	22.98	.171	70.86	3.94
@COUNTY HOSPITAL TOTAL	5	27	865.77	32.07	.000	173.15	.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	27	865.77	32.07	.000	173.15	.02
MEDICAL	3	3	209.90	69.97	.000	69.97	.00
SURGERY	1	2	61.20	30.60	.000	61.20	.00
PATHOLOGY	1	8	146.91	18.36	.000	146.91	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	7	368.87	52.70	.000	92.22	.01
CROSSOVERS/ALL OTH OUTPTNT	2	7	78.89	11.27	.000	39.45	.00

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DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
56,138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,982	35,681	\$ 3,197,593.93	\$ 89.62	.636	\$ 457.98	\$ 56.96	
COMM HOSP INPATIENT TOTAL	350	1,284	2,063,085.44	1606.76	.023	5894.53	36.75	
HSC HOSPITALS	30	115	170,121.00	1479.31	.002	5670.70	3.03	
NON-HSC HOSPITALS TOTAL	319	1,169	1,889,543.08	1616.38	.021	5923.33	33.66	
ACCOMMODATIONS	319	1,169	809,362.96	692.35	.021	2537.19	14.42	
ADMINISTRATIVE DAYS	1	2	231.30	115.65	.000	231.30	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	319	1,167	809,131.66	693.34	.021	2536.46	14.41	
ANCILLARIES	319	0	1,080,180.12	.00	.000	3386.14	19.24	
INPATIENT CROSSOVERS	4	0	3,421.36	.00	.000	855.34	.06	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	6,797	34,397	1,134,508.49	32.98	.613	166.91	20.21	
MEDICAL	3,465	4,815	279,597.30	58.07	.086	80.69	4.98	
SURGERY	763	992	55,517.55	55.97	.018	72.76	.99	
PATHOLOGY	2,634	9,551	119,646.51	12.53	.170	45.42	2.13	
RADIOLOGY	2,378	3,350	219,919.89	65.65	.060	92.48	3.92	
ROOM USE	4,174	6,072	238,757.52	39.32	.108	57.20	4.25	
CROSSOVERS/ALL OTH OUTPTNT	3,120	9,617	221,069.72	22.99	.171	70.86	3.94	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	32	\$ 3,358.44	\$ 104.95	.001	\$ 1679.22	\$.06
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	32	3,358.44	104.95	.001	1679.22	.06
@REHABILITATION FACILITY	40	335	\$ 7,048.12	\$ 21.04	.006	\$ 176.20	\$.13
HOSPITAL BASED	40	335	7,048.12	21.04	.006	176.20	.13
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,863	5,328	\$ 78,679.83	\$ 14.77	.095	\$ 42.23	\$ 1.40
PATHOLOGY	1,863	5,328	78,679.83	14.77	.095	42.23	1.40
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13,348	18,447	\$ 1,935,136.93	\$ 104.90	.329	\$ 144.98	\$ 34.47
CLINIC	61	222	9,035.15	40.70	.004	148.12	.16
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13,294	18,225	1,926,101.78	105.68	.325	144.89	34.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,472
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
56,138 ELIGIBLES							
@ALL OTHER PROVIDERS	1,914	21,051	\$ 244,387.68	\$ 11.61	.375	\$ 127.68	\$ 4.35
DURABLE MED. EQUIP.	47	69	5,680.87	82.33	.001	120.87	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	294	8,919	120,243.77	13.48	.159	408.99	2.14
AMBULANCES/AIR TRANS	291	8,160	88,512.95	10.85	.145	304.17	1.58
OTHER TRANS	2	726	1,041.90	1.44	.013	520.95	.02
OTHER SERVICES	32	33	30,688.92	929.97	.001	959.03	.55
ACUPUNCTURE	2	4	64.88	16.22	.000	32.44	.00
ADULT DAY HEALTH CARE CTR	1	3	208.74	69.58	.000	208.74	.00
GENETIC DISEASE TESTING	78	78	8,190.00	105.00	.001	105.00	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	495	1,059	9,214.41	8.70	.019	18.61	.16
PHYSICAL THERAPIST	232	1,743	27,891.80	16.00	.031	120.22	.50
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	30	51	5,098.91	99.98	.001	169.96	.09
PROSTHETICS	29	50	5,048.96	100.98	.001	174.10	.09
ORTHOTICS	1	1	49.95	49.95	.000	49.95	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	67	193	7,785.23	40.34	.003	116.20	.14
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	583	4,617	53,145.17	11.51	.082	91.16	.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	123	4,315	6,863.90	1.59	.077	55.80	.12
@CALIF. CHILDREN SERVICES*	103	708	\$ 143,570.32	\$ 202.78	.013	\$ 1393.89	\$ 2.56

@XOVER EXCLUDING STATE HOSP** 65 138 \$ 5,866.17 \$ 42.51 .002 \$ 90.25 \$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,473

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	3,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,720	8,257	\$	488,264.76	\$ 59.13	2.638	\$ 283.87	\$ 156.00
@PHYSICIANS SERVICES	303	565	\$	21,662.82	\$ 38.34	.181	\$ 71.49	\$ 6.92
OUTPATIENT VISITS	128	188		7,316.11	38.92	.060	57.16	2.34
OFFICE VISITS	81	99		3,604.51	36.41	.032	44.50	1.15
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	24	25		1,168.85	46.75	.008	48.70	.37
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	12	50		2,119.60	42.39	.016	176.63	.68
OTHER OUTPATIENT	13	14		423.15	30.23	.004	32.55	.14
INPATIENT VISITS	18	34		1,359.74	39.99	.011	75.54	.43
HOSPITAL VISITS	11	23		1,057.24	45.97	.007	96.11	.34
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	11		302.50	27.50	.004	43.21	.10
OPHTHALMOLOGICAL SERVICES	6	6		243.54	40.59	.002	40.59	.08
EXAMINATIONS	6	6		243.54	40.59	.002	40.59	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	32		2,509.05	78.41	.010	278.78	.80
PRINCIPAL SURGEON	3	3		1,633.28	544.43	.001	544.43	.52
ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50	.06
ANESTHESIOLOGIST	5	28		689.27	24.62	.009	137.85	.22
OUTPATIENT SURGERY	25	40		3,005.37	75.13	.013	120.21	.96
PRINCIPAL SURGEON	24	31		2,828.70	91.25	.010	117.86	.90
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9		176.67	19.63	.003	176.67	.06
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	23	27		506.39	18.76	.009	22.02	.16
RADIOLOGY	137	183		4,982.98	27.23	.058	36.37	1.59
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5		164.63	32.93	.002	54.88	.05
OTHER SERVICES/ALL X-OVERS	32	50		1,575.01	31.50	.016	49.22	.50
@PHARMACY	640	1,691	\$	87,926.24	\$ 52.00	.540	\$ 137.38	\$ 28.09
PRESCRIPTION DRUGS	636	1,485		87,514.18	58.93	.474	137.60	27.96
SNF/ICF	12	91		7,488.79	82.29	.029	624.07	2.39
OUTPATIENTS	624	1,394		80,025.39	57.41	.445	128.25	25.57
MEDICAL SUPPLIES	5	206		412.06	2.00	.066	82.41	.13
@DENTIST	33	176	\$	4,945.50	\$ 28.10	.056	\$ 149.86	\$ 1.58
VISITS - DIAGNOSTIC	27	111		1,469.50	13.24	.035	54.43	.47
ORAL SURGERY	9	20		1,525.00	76.25	.006	169.44	.49
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	3	3		300.00	100.00	.001	100.00	.10
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	2		330.00	165.00	.001	165.00	.11
RESTORATIVE DENTISTRY	11	37		1,166.00	31.51	.012	106.00	.37
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00	120.00	.000	120.00	.04

MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,474
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

3,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	37	82	\$ 1,837.39	\$ 22.41	.026 \$ 49.66 \$.59
DIAGNOSTIC AND ANC. PROCED	22	23	954.96	41.52	.007 43.41 .31
EYE APPLIANCES	24	59	882.43	14.96	.019 36.77 .28
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.001 \$ 16.72 \$.01
VISITS	2	2	33.44	16.72	.001 16.72 .01
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	1	1	\$ 62.41	\$ 62.41	.000 \$ 62.41 \$.02
MEDICINE/INJECTIONS	1	1	62.41	62.41	.000 62.41 .02
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.000 \$ 74.86 \$.02
NURSE ANESTHESIST	12	108	\$ 1,936.94	\$ 17.93	.035 \$ 161.41 \$.62
NURSE MIDWIFE	6	23	\$ 1,844.30	\$ 80.19	.007 \$ 307.38 \$.59
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	529	3,092	\$ 205,439.99	\$ 66.44	.988 \$ 388.36 \$ 65.64
HOSP INPATIENT TOTAL	21	82	119,188.46	1453.52	.026 5675.64 38.08
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	21	82	119,188.46	1453.52	.026 5675.64 38.08
ACCOMMODATIONS	21	82	50,056.63	610.45	.026 2383.65 15.99

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	82	50,056.63	610.45	.026	2383.65	15.99
ANCILLARIES	21	0	69,131.83	.00	.000	3291.99	22.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	520	3,010	86,251.53	28.65	.962	165.87	27.56
MEDICAL	188	280	15,549.07	55.53	.089	82.71	4.97
SURGERY	46	66	3,207.55	48.60	.021	69.73	1.02
PATHOLOGY	225	980	12,410.52	12.66	.313	55.16	3.97
RADIOLOGY	155	211	12,041.05	57.07	.067	77.68	3.85
ROOM USE	329	522	18,334.20	35.12	.167	55.73	5.86
CROSSOVERS/ALL OTH OUTPTNT	254	951	24,709.14	25.98	.304	97.28	7.89
@COUNTY HOSPITAL TOTAL	5	36	\$ 1,120.72	\$ 31.13	.012	\$ 224.14	\$.36
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	36	1,120.72	31.13	.012	224.14	.36
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	4	120.42	30.11	.001	60.21	.04
PATHOLOGY	2	12	257.76	21.48	.004	128.88	.08
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	9	567.55	63.06	.003	189.18	.18
CROSSOVERS/ALL OTH OUTPTNT	5	11	174.99	15.91	.004	35.00	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,475
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
3,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	524	3,056	\$ 204,319.27	\$ 66.86	.976	\$ 389.92	\$ 65.28	
COMM HOSP INPATIENT TOTAL	21	82	119,188.46	1453.52	.026	5675.64	38.08	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	21	82	119,188.46	1453.52	.026	5675.64	38.08	
ACCOMMODATIONS	21	82	50,056.63	610.45	.026	2383.65	15.99	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	21	82	50,056.63	610.45	.026	2383.65	15.99	
ANCILLARIES	21	0	69,131.83	.00	.000	3291.99	22.09	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	515	2,974	85,130.81	28.63	.950	165.30	27.20	
MEDICAL	188	280	15,549.07	55.53	.089	82.71	4.97	
SURGERY	44	62	3,087.13	49.79	.020	70.16	.99	
PATHOLOGY	223	968	12,152.76	12.55	.309	54.50	3.88	
RADIOLOGY	155	211	12,041.05	57.07	.067	77.68	3.85	
ROOM USE	326	513	17,766.65	34.63	.164	54.50	5.68	
CROSSOVERS/ALL OTH OUTPTNT	249	940	24,534.15	26.10	.300	98.53	7.84	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	366	\$	36,643.34	\$ 100.12	.117	\$ 3053.61	\$ 11.71
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	366		36,643.34	100.12	.117	3053.61	11.71
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	16	\$	437.82	\$ 27.36	.005	\$ 145.94	\$.14
HOSPITAL BASED	1	8		257.60	32.20	.003	257.60	.08
INDEPENDENT FACILITY	2	8		180.22	22.53	.003	90.11	.06
@LABORATORY FACILITY	120	294	\$	4,879.49	\$ 16.60	.094	\$ 40.66	\$ 1.56
PATHOLOGY	120	294		4,879.49	16.60	.094	40.66	1.56
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	763	1,076	\$	107,828.05	\$ 100.21	.344	\$ 141.32	\$ 34.45
CLINIC	9	49		1,813.49	37.01	.016	201.50	.58
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	757	1,027		106,014.56	103.23	.328	140.05	33.87

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,476
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	3,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	89	764	\$	12,712.17	\$ 16.64	.244	\$ 142.83	\$ 4.06
DURABLE MED. EQUIP.	1	1		96.53	96.53	.000	96.53	.03
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30	402		7,267.46	18.08	.128	242.25	2.32
AMBULANCES/AIR TRANS	25	374		3,966.81	10.61	.119	158.67	1.27
OTHER TRANS	4	25		215.77	8.63	.008	53.94	.07
OTHER SERVICES	3	3		3,084.88	1028.29	.001	1028.29	.99
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	17	17		1,785.00	105.00	.005	105.00	.57
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	20	45		364.69	8.10	.014	18.23	.12
PHYSICAL THERAPIST	1	1		34.84	34.84	.000	34.84	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		97.66	48.83	.001	97.66	.03
PROSTHETICS	1	2		97.66	48.83	.001	97.66	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	12		510.52	42.54	.004	127.63	.16
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	14	282		2,539.45		9.01	.090	181.39	.81
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2		16.02		8.01	.001	8.01	.01
@CALIF. CHILDREN SERVICES*	25	66	\$	4,291.05	\$	65.02	.021	171.64	1.37
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,477
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	130	\$ 7,992.33	\$ 61.48	.000	\$ 1598.47	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	5	18	\$ 2,011.12	\$ 111.73	.000	\$ 402.22	\$.00
PRESCRIPTION DRUGS	5	18	2,011.12	111.73	.000	402.22	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	18	2,011.12	111.73	.000	402.22	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	112	\$ 5,981.21	\$ 53.40	.000	\$ 1993.74	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	112	5,981.21	53.40	.000	1993.74	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,481

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,482
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,483
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,484
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 2,485
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,486
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,487
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS						AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,488
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00	.00
BLOOD BANK	0	0		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0		.00	.000		.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00	.00
OTHER TRANS	0	0		.00	.000		.00	.00
OTHER SERVICES	0	0		.00	.000		.00	.00
ACUPUNCTURE	0	0		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00	.00
OPTICIAN	0	0		.00	.000		.00	.00
PHYSICAL THERAPIST	0	0		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00	.00
PROSTHETICS	0	0		.00	.000		.00	.00
ORTHOTICS	0	0		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00	.00
HOSPICE SERVICES	0	0		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,489
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	138	1,260	\$ 122,930.12	\$ 97.56	4.013	\$ 890.80	\$ 391.50
@PHYSICIANS SERVICES	32	103	\$ 6,971.38	\$ 67.68	.328	\$ 217.86	\$ 22.20
OUTPATIENT VISITS	3	7	239.22	34.17	.022	79.74	.76
OFFICE VISITS	1	2	88.59	44.30	.006	88.59	.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	5	150.63	30.13	.016	75.32	.48
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	7	394.80	56.40	.022	197.40	1.26
HOSPITAL VISITS	2	7	394.80	56.40	.022	197.40	1.26
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	5	2,065.09	413.02	.016	516.27	6.58
PRINCIPAL SURGEON	3	4	1,878.59	469.65	.013	626.20	5.98
ASSISTANT SURGEON	1	1	186.50	186.50	.003	186.50	.59
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	300.66	150.33	.006	150.33	.96
PRINCIPAL SURGEON	2	2	300.66	150.33	.006	150.33	.96

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	3	28	882.20	31.51	.089	294.07	2.81
PATHOLOGY	1	1	23.11	23.11	.003	23.11	.07
RADIOLOGY	23	39	1,169.90	30.00	.124	50.87	3.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	14	1,896.40	135.46	.045	474.10	6.04
@PHARMACY	50	114	\$ 5,979.16	\$ 52.45	.363	\$ 119.58	\$ 19.04
PRESCRIPTION DRUGS	50	114	5,979.16	52.45	.363	119.58	19.04
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	50	114	5,979.16	52.45	.363	119.58	19.04
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,490
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	3	20	\$ 502.65	\$ 25.13	.064 \$ 167.55 \$ 1.60
NURSE MIDWIFE	6	13	\$ 2,541.18	\$ 195.48	.041 \$ 423.53 \$ 8.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	74	642	\$ 85,679.32	\$ 133.46	2.045 \$ 1157.83 \$ 272.86
HOSP INPATIENT TOTAL	11	43	68,499.81	1593.02	.137 6227.26 218.15
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	11	43	68,499.81	1593.02	.137 6227.26 218.15
ACCOMMODATIONS	11	43	30,080.40	699.54	.137 2734.58 95.80

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	43	30,080.40	699.54	.137	2734.58	95.80
ANCILLARIES	11	0	38,419.41	.00	.000	3492.67	122.35
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	69	599	17,179.51	28.68	1.908	248.98	54.71
MEDICAL	13	22	1,325.34	60.24	.070	101.95	4.22
SURGERY	3	4	74.48	18.62	.013	24.83	.24
PATHOLOGY	41	176	2,184.94	12.41	.561	53.29	6.96
RADIOLOGY	23	30	2,185.01	72.83	.096	95.00	6.96
ROOM USE	44	97	3,456.51	35.63	.309	78.56	11.01
CROSSOVERS/ALL OTH OUTPTNT	39	270	7,953.23	29.46	.860	203.93	25.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,491
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					----- MONTHLY AVERAGE -----			
314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	74	642	\$ 85,679.32	\$ 133.46	2.045	\$ 1157.83	\$ 272.86	
COMM HOSP INPATIENT TOTAL	11	43	68,499.81	1593.02	.137	6227.26	218.15	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	11	43	68,499.81	1593.02	.137	6227.26	218.15	
ACCOMMODATIONS	11	43	30,080.40	699.54	.137	2734.58	95.80	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	11	43	30,080.40	699.54	.137	2734.58	95.80	
ANCILLARIES	11	0	38,419.41	.00	.000	3492.67	122.35	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	69	599	17,179.51	28.68	1.908	248.98	54.71	
MEDICAL	13	22	1,325.34	60.24	.070	101.95	4.22	
SURGERY	3	4	74.48	18.62	.013	24.83	.24	
PATHOLOGY	41	176	2,184.94	12.41	.561	53.29	6.96	
RADIOLOGY	23	30	2,185.01	72.83	.096	95.00	6.96	
ROOM USE	44	97	3,456.51	35.63	.309	78.56	11.01	
CROSSOVERS/ALL OTH OUTPTNT	39	270	7,953.23	29.46	.860	203.93	25.33	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	107	\$	11,327.39	\$	105.86	.341	\$ 1618.20
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	107		11,327.39	105.86	.341	1618.20	36.07
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	62	\$	609.86	\$	9.84	.197	\$ 38.12
PATHOLOGY	16	62		609.86	9.84	.197	38.12	1.94
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	28	51	\$	5,462.64	\$	107.11	.162	\$ 195.09
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	28	51		5,462.64	107.11	.162	195.09	17.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,492
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

314 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	148	\$ 3,856.54	\$ 26.06	.471	\$ 296.66	\$ 12.28
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	142	3,226.54	22.72	.452	460.93	10.28
AMBULANCES/AIR TRANS	7	141	1,951.54	13.84	.449	278.79	6.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.003	1275.00	4.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	630.00	105.00	.019	105.00	2.01
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,493
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,494
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,495
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,496
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,497
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	124	950	\$ 136,361.29	\$ 143.54	13.571	\$ 1099.69	\$ 1948.02
@PHYSICIANS SERVICES	71	356	\$ 49,612.27	\$ 139.36	5.086	\$ 698.76	\$ 708.75
OUTPATIENT VISITS	40	61	1,927.74	31.60	.871	48.19	27.54
OFFICE VISITS	39	60	1,883.14	31.39	.857	48.29	26.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.014	44.60	.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	160.66	40.17	.057	80.33	2.30
HOSPITAL VISITS	2	4	160.66	40.17	.057	80.33	2.30
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	26	2,807.49	107.98	.371	350.94	40.11
PRINCIPAL SURGEON	7	9	2,576.04	286.23	.129	368.01	36.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	17	231.45	13.61	.243	231.45	3.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	24	72	1,176.54	16.34	1.029	49.02	16.81
RADIOLOGY	27	83	8,361.90	100.75	1.186	309.70	119.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	60	34,046.73	567.45	.857	2431.91	486.38
OTHER SERVICES/ALL X-OVERS	17	50	1,131.21	22.62	.714	66.54	16.16
@PHARMACY	49	184	\$ 57,455.25	\$ 312.26	2.629	\$ 1172.56	\$ 820.79
PRESCRIPTION DRUGS	48	183	57,454.52	313.96	2.614	1196.97	820.78
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	48	183	57,454.52	313.96	2.614	1196.97	820.78

MEDICAL SUPPLIES	1	1		.73	.73	.014	.73	.01
@DENTIST	7	17	\$	1,618.00	\$ 95.18	.243	\$ 231.14	\$ 23.11
VISITS - DIAGNOSTIC	2	5		93.00	18.60	.071	46.50	1.33
ORAL SURGERY	1	1		45.00	45.00	.014	45.00	.64
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	3		735.00	245.00	.043	367.50	10.50
RESTORATIVE DENTISTRY	5	7		605.00	86.43	.100	121.00	8.64
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		140.00	140.00	.014	140.00	2.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,498	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						AID CODES 0M 0N 0P	

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	11	\$ 233.71	\$ 21.25	.157	\$ 58.43	\$ 3.34
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.029	47.45	1.36
EYE APPLIANCES	4	9	138.81	15.42	.129	34.70	1.98
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	9	16	\$ 267.52	\$ 16.72	.229	\$ 29.72	\$ 3.82
VISITS	9	16	267.52	16.72	.229	29.72	3.82
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	9	\$ 622.01	\$ 69.11	.129	\$ 311.01	\$ 8.89
NURSE ANESTHESIST	3	16	\$ 252.68	\$ 15.79	.229	\$ 84.23	\$ 3.61
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	39	237	\$ 18,593.33	\$ 78.45	3.386	\$ 476.75	\$ 265.62
HOSP INPATIENT TOTAL	1	4	5,421.08	1355.27	.057	5421.08	77.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	4	5,421.08	1355.27	.057	5421.08	77.44
ACCOMMODATIONS	1	4	1,967.92	491.98	.057	1967.92	28.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,967.92	491.98	.057	1967.92	28.11
ANCILLARIES	1	0	3,453.16	.00	.000	3453.16	49.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	39	233	13,172.25	56.53	3.329	337.75	188.18
MEDICAL	8	10	481.79	48.18	.143	60.22	6.88
SURGERY	7	7	404.05	57.72	.100	57.72	5.77
PATHOLOGY	18	32	462.69	14.46	.457	25.71	6.61
RADIOLOGY	19	121	10,002.95	82.67	1.729	526.47	142.90
ROOM USE	14	26	1,361.21	52.35	.371	97.23	19.45

CROSSOVERS/ALL OTH OUTPTNT	11	37		459.56	12.42	.529	41.78	6.57
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,499
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39	237	\$ 18,593.33	\$ 78.45	3.386	\$ 476.75	\$ 265.62
COMM HOSP INPATIENT TOTAL	1	4	5,421.08	1355.27	.057	5421.08	77.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	5,421.08	1355.27	.057	5421.08	77.44
ACCOMMODATIONS	1	4	1,967.92	491.98	.057	1967.92	28.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	4	1,967.92	491.98	.057	1967.92	28.11
ANCILLARIES	1	0	3,453.16	.00	.000	3453.16	49.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	39	233	13,172.25	56.53	3.329	337.75	188.18
MEDICAL	8	10	481.79	48.18	.143	60.22	6.88
SURGERY	7	7	404.05	57.72	.100	57.72	5.77
PATHOLOGY	18	32	462.69	14.46	.457	25.71	6.61
RADIOLOGY	19	121	10,002.95	82.67	1.729	526.47	142.90
ROOM USE	14	26	1,361.21	52.35	.371	97.23	19.45
CROSSOVERS/ALL OTH OUTPTNT	11	37	459.56	12.42	.529	41.78	6.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	30	\$ 733.82	\$ 24.46	.429	\$ 81.54	\$ 10.48
PATHOLOGY	9	30	733.82	24.46	.429	81.54	10.48
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	32	61	\$ 6,780.97	\$ 111.16	.871	\$ 211.91	\$ 96.87
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	32	61	6,780.97	111.16	.871	211.91	96.87

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,500
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	13	\$ 191.73	\$ 14.75	.186	\$ 95.87	\$ 2.74
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.029	16.64	.24
PHYSICAL THERAPIST	1	11	175.09	15.92	.157	175.09	2.50
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,501
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV	

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14	30	\$ 863.04	\$ 28.77	1.765	\$ 61.65	\$ 50.77
@PHYSICIANS SERVICES	2	2	\$ 48.00	\$ 24.00	.118	\$ 24.00	\$ 2.82
OUTPATIENT VISITS	1	1	24.00	24.00	.059	24.00	1.41
OFFICE VISITS	1	1	24.00	24.00	.059	24.00	1.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		24.00		24.00	.059	24.00	1.41
@PHARMACY	10	17	\$	692.69	\$	40.75	1.000	\$ 69.27	\$ 40.75
PRESCRIPTION DRUGS	10	17		692.69		40.75	1.000	69.27	40.75
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	10	17		692.69		40.75	1.000	69.27	40.75
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								
					AID CODES OR OT OU OV				

PAGE 2,502
03/14/05

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	10	\$ 30.46	\$ 3.05	.588	\$ 10.15	\$ 1.79
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	3	10		30.46		3.05	.588	10.15	1.79
MEDICAL	2	2		.00		.00	.118	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	2	3		.00		.00	.176	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5		30.46		6.09	.294	10.15	1.79
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,503
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

	17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	10	\$	30.46	\$ 3.05	.588	\$ 10.15	\$ 1.79
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	10		30.46	3.05	.588	10.15	1.79
MEDICAL	2	2		.00	.00	.118	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	3		.00	.00	.176	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5		30.46	6.09	.294	10.15	1.79
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	91.89	\$	91.89	.059	\$ 91.89	\$ 5.41
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		91.89		91.89	.059	91.89	5.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,504
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

						----- MONTHLY AVERAGE -----		
17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	4	\$ 54.46	\$ 13.62	.235	\$ 27.23	\$ 3.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,505
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

87 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	138	980	\$ 137,224.33	\$ 140.02	11.264	\$ 994.38	\$ 1577.29
@PHYSICIANS SERVICES	73	358	\$ 49,660.27	\$ 138.72	4.115	\$ 680.28	\$ 570.81
OUTPATIENT VISITS	41	62	1,951.74	31.48	.713	47.60	22.43
OFFICE VISITS	40	61	1,907.14	31.26	.701	47.68	21.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.011	44.60	.51
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	160.66	40.17	.046	80.33	1.85
HOSPITAL VISITS	2	4	160.66	40.17	.046	80.33	1.85
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	26	2,807.49	107.98	.299	350.94	32.27
PRINCIPAL SURGEON	7	9	2,576.04	286.23	.103	368.01	29.61

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	17	231.45	13.61	.195	231.45	2.66
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	24	72	1,176.54	16.34	.828	49.02	13.52
RADIOLOGY	27	83	8,361.90	100.75	.954	309.70	96.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	60	34,046.73	567.45	.690	2431.91	391.34
OTHER SERVICES/ALL X-OVERS	18	51	1,155.21	22.65	.586	64.18	13.28
@PHARMACY	59	201	\$ 58,147.94	\$ 289.29	2.310	\$ 985.56	\$ 668.37
PRESCRIPTION DRUGS	58	200	58,147.21	290.74	2.299	1002.54	668.36
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	58	200	58,147.21	290.74	2.299	1002.54	668.36
MEDICAL SUPPLIES	1	1	.73	.73	.011	.73	.01
@DENTIST	7	17	\$ 1,618.00	\$ 95.18	.195	\$ 231.14	\$ 18.60
VISITS - DIAGNOSTIC	2	5	93.00	18.60	.057	46.50	1.07
ORAL SURGERY	1	1	45.00	45.00	.011	45.00	.52
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	3	735.00	245.00	.034	367.50	8.45
RESTORATIVE DENTISTRY	5	7	605.00	86.43	.080	121.00	6.95
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	140.00	140.00	.011	140.00	1.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,506
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

87 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	11	\$ 233.71	\$ 21.25	.126	\$ 58.43	\$ 2.69
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.023	47.45	1.09
EYE APPLIANCES	4	9	138.81	15.42	.103	34.70	1.60
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	9	16	\$ 267.52	\$ 16.72	.184	\$ 29.72	\$ 3.07
VISITS	9	16	267.52	16.72	.184	29.72	3.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	9	\$ 622.01	\$ 69.11	.103	\$ 311.01	\$ 7.15
NURSE ANESTHESIST	3	16	\$ 252.68	\$ 15.79	.184	\$ 84.23	\$ 2.90
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	42	247	\$ 18,623.79	\$ 75.40	2.839	\$ 443.42	\$ 214.07
HOSP INPATIENT TOTAL	1	4	5,421.08	1355.27	.046	5421.08	62.31
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	4	5,421.08	1355.27	.046	5421.08	62.31
ACCOMMODATIONS	1	4	1,967.92	491.98	.046	1967.92	22.62

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,967.92	491.98	.046	1967.92	22.62
ANCILLARIES	1	0	3,453.16	.00	.000	3453.16	39.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	243	13,202.71	54.33	2.793	314.35	151.76
MEDICAL	10	12	481.79	40.15	.138	48.18	5.54
SURGERY	7	7	404.05	57.72	.080	57.72	4.64
PATHOLOGY	18	32	462.69	14.46	.368	25.71	5.32
RADIOLOGY	19	121	10,002.95	82.67	1.391	526.47	114.98
ROOM USE	16	29	1,361.21	46.94	.333	85.08	15.65
CROSSOVERS/ALL OTH OUTPTNT	14	42	490.02	11.67	.483	35.00	5.63
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,507
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

87 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42	247	\$ 18,623.79	\$ 75.40	2.839	\$ 443.42	\$ 214.07
COMM HOSP INPATIENT TOTAL	1	4	5,421.08	1355.27	.046	5421.08	62.31
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	5,421.08	1355.27	.046	5421.08	62.31
ACCOMMODATIONS	1	4	1,967.92	491.98	.046	1967.92	22.62
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,967.92	491.98	.046	1967.92	22.62
ANCILLARIES	1	0	3,453.16	.00	.000	3453.16	39.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	42	243	13,202.71	54.33	2.793	314.35	151.76
MEDICAL	10	12	481.79	40.15	.138	48.18	5.54
SURGERY	7	7	404.05	57.72	.080	57.72	4.64
PATHOLOGY	18	32	462.69	14.46	.368	25.71	5.32
RADIOLOGY	19	121	10,002.95	82.67	1.391	526.47	114.98
ROOM USE	16	29	1,361.21	46.94	.333	85.08	15.65
CROSSOVERS/ALL OTH OUTPTNT	14	42	490.02	11.67	.483	35.00	5.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	9	30	\$	733.82	\$	24.46	.345	\$ 81.54	\$ 8.43
PATHOLOGY	9	30		733.82		24.46	.345	81.54	8.43
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	33	62	\$	6,872.86	\$	110.85	.713	\$ 208.27	\$ 79.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	33	62		6,872.86		110.85	.713	208.27	79.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,508
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

87 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	13	\$ 191.73	\$ 14.75	.149	\$ 95.87	\$ 2.20
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.023	16.64	.19
PHYSICAL THERAPIST	1	11	175.09	15.92	.126	175.09	2.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	4	\$ 54.46	\$ 13.62	.046	\$ 27.23	\$.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,509
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12	28	\$ 2,846.12	\$ 101.65	.262	\$ 237.18	\$ 26.60
@PHYSICIANS SERVICES	6	17	\$ 46.01	\$ 2.71	.159	\$ 7.67	\$.43
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	17		46.01	2.71	.159	7.67	.43
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	2	\$	.00	\$	.019	\$	.00
VISITS - DIAGNOSTIC	1	2		.00	.00	.019	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,510
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	9	\$	1,924.11	\$	213.79	.084	\$	320.69	\$	17.98
HOSP INPATIENT TOTAL	2	0		1,752.00		.00	.000		876.00		16.37
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000		876.00		16.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	9		172.11		19.12	.084		34.42		1.61
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	9		172.11		19.12	.084		34.42		1.61
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,511
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	9	\$ 1,924.11	\$ 213.79	.084	\$ 320.69	\$ 17.98
COMM HOSP INPATIENT TOTAL	2	0	1,752.00	.00	.000	876.00	16.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,752.00	.00	.000	876.00	16.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	9	172.11	19.12	.084	34.42	1.61
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	9		172.11	19.12	.084	34.42	1.61
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	876.00	\$	.000	\$	8.19
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	0		876.00	.00	.000	876.00	8.19
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,512
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11	26	\$ 2,846.12	\$ 109.47	.243	\$ 258.74	\$ 26.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,513
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM	AID CODES 72 74 8N 8P

477 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	171	499	\$ 24,527.32	\$ 49.15	1.046	\$ 143.43	\$ 51.42
@PHYSICIANS SERVICES	28	70	\$ 1,835.91	\$ 26.23	.147	\$ 65.57	\$ 3.85
OUTPATIENT VISITS	23	35	1,008.77	28.82	.073	43.86	2.11
OFFICE VISITS	23	34	940.42	27.66	.071	40.89	1.97
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.002	68.35	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	60.55	30.28	.004	60.55	.13
HOSPITAL VISITS	1	2	60.55	30.28	.004	60.55	.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.002	8.01	.02
EXAMINATIONS	1	1	8.01	8.01	.002	8.01	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	15	299.91	19.99	.031	149.96	.63
PRINCIPAL SURGEON	1	1	15.22	15.22	.002	15.22	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	284.69	20.34	.029	142.35	.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	8.40	2.80	.006	2.80	.02
RADIOLOGY	7	12	416.97	34.75	.025	59.57	.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	33.30	16.65	.004	33.30	.07
@PHARMACY	54	99	\$ 2,302.10	\$ 23.25	.208	\$ 42.63	\$ 4.83
PRESCRIPTION DRUGS	54	99	2,302.10	23.25	.208	42.63	4.83
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	54	99	2,302.10	23.25	.208	42.63	4.83

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	5	88	\$	2,501.00	\$ 28.42	.184	\$ 500.20	\$ 5.24
VISITS - DIAGNOSTIC	4	30		530.00	17.67	.063	132.50	1.11
ORAL SURGERY	1	2		83.00	41.50	.004	83.00	.17
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	7		497.00	71.00	.015	248.50	1.04
RESTORATIVE DENTISTRY	3	26		1,391.00	53.50	.055	463.67	2.92
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	23		.00	.00	.048	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,514	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM						AID CODES 72 74 8N 8P	

477 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	3	\$ 142.35	\$ 47.45	.006	\$ 47.45	\$.30
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.006	47.45	.30
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	24	84	\$	3,685.01	\$ 43.87	.176	\$ 153.54	\$ 7.73
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24	84		3,685.01	43.87	.176	153.54	7.73
MEDICAL	12	12		838.64	69.89	.025	69.89	1.76
SURGERY	3	4		323.50	80.88	.008	107.83	.68
PATHOLOGY	9	22		271.68	12.35	.046	30.19	.57
RADIOLOGY	4	8		1,035.18	129.40	.017	258.80	2.17
ROOM USE	17	23		1,002.75	43.60	.048	58.99	2.10
CROSSOVERS/ALL OTH OUTPTNT	11	15		213.26	14.22	.031	19.39	.45
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,515
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

477 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	84	\$ 3,685.01	\$ 43.87	.176	\$ 153.54	\$ 7.73
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	24	84	3,685.01	43.87	.176	153.54	7.73
MEDICAL	12	12	838.64	69.89	.025	69.89	1.76
SURGERY	3	4	323.50	80.88	.008	107.83	.68
PATHOLOGY	9	22	271.68	12.35	.046	30.19	.57
RADIOLOGY	4	8	1,035.18	129.40	.017	258.80	2.17
ROOM USE	17	23	1,002.75	43.60	.048	58.99	2.10
CROSSOVERS/ALL OTH OUTPTNT	11	15	213.26	14.22	.031	19.39	.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	15	\$ 154.46	\$ 10.30	.031	\$ 15.45	\$.32
PATHOLOGY	10	15	154.46	10.30	.031	15.45	.32
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	102	122	\$ 13,381.27	\$ 109.68	.256	\$ 131.19	\$ 28.05
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	102	122	13,381.27	109.68	.256	131.19	28.05

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

PAGE 2,516 03/14/05

477 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	18	\$ 525.22	\$ 29.18	.038	\$ 87.54	\$ 1.10
DURABLE MED. EQUIP.	1	1	95.98	95.98	.002	95.98	.20
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	8	143.05	17.88	.017	143.05	.30
AMBULANCES/AIR TRANS	1	8	143.05	17.88	.017	143.05	.30
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.004	16.64	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6	266.26	44.38	.013	133.13	.56
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	3.29	3.29	.002	3.29	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,517
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

348 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	160	578	\$ 25,687.66	\$ 44.44	1.661	\$ 160.55	\$ 73.82
@PHYSICIANS SERVICES	32	59	\$ 1,746.80	\$ 29.61	.170	\$ 54.59	\$ 5.02
OUTPATIENT VISITS	17	18	551.33	30.63	.052	32.43	1.58
OFFICE VISITS	15	16	462.13	28.88	.046	30.81	1.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.006	44.60	.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	540.30	108.06	.014	180.10	1.55
PRINCIPAL SURGEON	3	5	540.30	108.06	.014	180.10	1.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	30.40	30.40	.003	30.40	.09
RADIOLOGY	18	27	445.04	16.48	.078	24.72	1.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	8		179.73	22.47	.023	29.96	.52
@PHARMACY	71	134	\$	7,812.08	\$ 58.30	.385	\$ 110.03	\$ 22.45
PRESCRIPTION DRUGS	71	134		7,812.08	58.30	.385	110.03	22.45
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	71	134		7,812.08	58.30	.385	110.03	22.45
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	5	31	\$	1,747.00	\$ 56.35	.089	\$ 349.40	\$ 5.02
VISITS - DIAGNOSTIC	4	15		198.00	13.20	.043	49.50	.57
ORAL SURGERY	3	10		1,113.00	111.30	.029	371.00	3.20
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.006	100.00	.57
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		96.00	48.00	.006	96.00	.28
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		140.00	70.00	.006	70.00	.40
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
				AID CODES 7A 7C 8R 8T				PAGE 2,518
								03/14/05

348 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	4	7 \$	206.51	\$ 29.50	.020	\$ 51.63	\$.59	
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.009	47.45	.41	
EYE APPLIANCES	2	4	64.16	16.04	.011	32.08	.18	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.003	\$ 16.72	\$.05	
VISITS	1	1	16.72	16.72	.003	16.72	.05	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	1	4 \$	62.92	\$ 15.73	.011	\$ 62.92	\$.18	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	45	203 \$	5,379.35	\$ 26.50	.583	\$ 119.54	\$ 15.46	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	45	203	5,379.35	26.50	.583	119.54	15.46
MEDICAL	20	25	1,372.67	54.91	.072	68.63	3.94
SURGERY	6	8	335.87	41.98	.023	55.98	.97
PATHOLOGY	15	78	907.30	11.63	.224	60.49	2.61
RADIOLOGY	23	31	1,083.83	34.96	.089	47.12	3.11
ROOM USE	24	31	1,160.93	37.45	.089	48.37	3.34
CROSSOVERS/ALL OTH OUTPTNT	17	30	518.75	17.29	.086	30.51	1.49
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,519
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	348 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		45	203	\$ 5,379.35	\$ 26.50	.583	\$ 119.54	\$ 15.46

COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	45	203		5,379.35	26.50	.583	119.54	15.46
MEDICAL	20	25		1,372.67	54.91	.072	68.63	3.94
SURGERY	6	8		335.87	41.98	.023	55.98	.97
PATHOLOGY	15	78		907.30	11.63	.224	60.49	2.61
RADIOLOGY	23	31		1,083.83	34.96	.089	47.12	3.11
ROOM USE	24	31		1,160.93	37.45	.089	48.37	3.34
CROSSOVERS/ALL OTH OUTPTNT	17	30		518.75	17.29	.086	30.51	1.49
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	31	\$	335.06	\$ 10.81	.089	\$ 37.23	\$.96
PATHOLOGY	9	31		335.06	10.81	.089	37.23	.96
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	63	76	\$	7,958.61	\$ 104.72	.218	\$ 126.33	\$ 22.87
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	63	76		7,958.61	104.72	.218	126.33	22.87

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,520
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	348 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	32	\$	422.61	\$ 13.21	.092	\$ 70.44	\$ 1.21
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	9		171.78	19.09	.026	171.78	.49

AMBULANCES/AIR TRANS	1	9	171.78	19.09	.026	171.78	.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.006	16.64	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	20	217.17	10.86	.057	72.39	.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	17.02	17.02	.003	17.02	.05
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,521
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	8	\$ 562.13	\$ 70.27	.000	\$ 281.07	\$.00
@PHYSICIANS SERVICES	1	1	\$ 101.05	\$ 101.05	.000	\$ 101.05	\$.00
OUTPATIENT VISITS	1	1	101.05	101.05	.000	101.05	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	101.05	101.05	.000	101.05	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,522
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	1	6	\$ 245.08	\$ 40.85	.000 \$ 245.08 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	6		245.08	40.85	.000	245.08	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		54.92	54.92	.000	54.92	.00
PATHOLOGY	1	2		106.12	53.06	.000	106.12	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		74.62	37.31	.000	74.62	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.42	9.42	.000	9.42	.00
@COUNTY HOSPITAL TOTAL	1	6	\$	245.08	\$ 40.85	.000	\$ 245.08	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	6		245.08	40.85	.000	245.08	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		54.92	54.92	.000	54.92	.00
PATHOLOGY	1	2		106.12	53.06	.000	106.12	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		74.62	37.31	.000	74.62	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		9.42	9.42	.000	9.42	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,523
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	216.00	\$	216.00	.000	\$	216.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		216.00		216.00	.000		216.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,524
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
ACUPUNCTURE	0	0		.00	.000		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00
OPTICIAN	0	0		.00	.000		.00
PHYSICAL THERAPIST	0	0		.00	.000		.00
PORTABLE X-RAY	0	0		.00	.000		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00
PROSTHETICS	0	0		.00	.000		.00
ORTHOTICS	0	0		.00	.000		.00
PSYCHOLOGIST	0	0		.00	.000		.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00
HOSPICE SERVICES	0	0		.00	.000		.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,525
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	.000	\$	.00
@PHYSICIANS SERVICES	0		0	\$	.00	.000	\$	.00
OUTPATIENT VISITS	0		0		.00	.000		.00
OFFICE VISITS	0		0		.00	.000		.00
HOME VISITS	0		0		.00	.000		.00
EMERGENCY ROOM	0		0		.00	.000		.00
PREVENTIVE CARE	0		0		.00	.000		.00
OB VISITS/COMPRES PERI	0		0		.00	.000		.00
OTHER OUTPATIENT	0		0		.00	.000		.00
INPATIENT VISITS	0		0		.00	.000		.00
HOSPITAL VISITS	0		0		.00	.000		.00
CRITICAL CARE	0		0		.00	.000		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.000		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.000		.00
EXAMINATIONS	0		0		.00	.000		.00
SERVICES AND MATERIALS	0		0		.00	.000		.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,526
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,527
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,528
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 2,529

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	55	340	\$ 19,870.85	\$ 58.44	6.538	\$ 361.29	\$ 382.13
@PHYSICIANS SERVICES	9	9	\$ 371.37	\$ 41.26	.173	\$ 41.26	\$ 7.14
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		134.92	134.92	.019	134.92	2.59
PRINCIPAL SURGEON	1	1		134.92	134.92	.019	134.92	2.59
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		48.20	48.20	.019	48.20	.93
RADIOLOGY	7	7		188.25	26.89	.135	26.89	3.62
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	22	60	\$	3,877.88	\$ 64.63	1.154	\$ 176.27	\$ 74.57
PRESCRIPTION DRUGS	22	60		3,877.88	64.63	1.154	176.27	74.57
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	22	60		3,877.88	64.63	1.154	176.27	74.57
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,530
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N							

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	2	11	\$	208.90	\$ 18.99	.212	\$ 104.45	\$ 4.02
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	20	170	\$	8,700.99	\$ 51.18	3.269	\$ 435.05	\$ 167.33
HOSP INPATIENT TOTAL	1	3		4,277.62	1425.87	.058	4277.62	82.26
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3		4,277.62	1425.87	.058	4277.62	82.26
ACCOMMODATIONS	1	3		1,939.80	646.60	.058	1939.80	37.30
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3		1,939.80	646.60	.058	1939.80	37.30
ANCILLARIES	1	0		2,337.82	.00	.000	2337.82	44.96
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	167		4,423.37	26.49	3.212	232.81	85.06
MEDICAL	5	7		543.48	77.64	.135	108.70	10.45
SURGERY	1	1		21.35	21.35	.019	21.35	.41
PATHOLOGY	10	70		1,001.08	14.30	1.346	100.11	19.25
RADIOLOGY	9	10		689.79	68.98	.192	76.64	13.27
ROOM USE	12	15		607.02	40.47	.288	50.59	11.67
CROSSOVERS/ALL OTH OUTPTNT	9	64		1,560.65	24.39	1.231	173.41	30.01
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,531
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	170	\$ 8,700.99	\$ 51.18	3.269	\$ 435.05	\$ 167.33
COMM HOSP INPATIENT TOTAL	1	3	4,277.62	1425.87	.058	4277.62	82.26
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	4,277.62	1425.87	.058	4277.62	82.26
ACCOMMODATIONS	1	3	1,939.80	646.60	.058	1939.80	37.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	3	1,939.80	646.60	.058	1939.80	37.30
ANCILLARIES	1	0	2,337.82	.00	.000	2337.82	44.96
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	167	4,423.37	26.49	3.212	232.81	85.06
MEDICAL	5	7	543.48	77.64	.135	108.70	10.45
SURGERY	1	1	21.35	21.35	.019	21.35	.41
PATHOLOGY	10	70	1,001.08	14.30	1.346	100.11	19.25
RADIOLOGY	9	10	689.79	68.98	.192	76.64	13.27
ROOM USE	12	15	607.02	40.47	.288	50.59	11.67
CROSSOVERS/ALL OTH OUTPTNT	9	64	1,560.65	24.39	1.231	173.41	30.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	24	\$ 284.26	\$ 11.84	.462	\$ 40.61	\$ 5.47
PATHOLOGY	7	24	284.26	11.84	.462	40.61	5.47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	63	\$ 6,112.45	\$ 97.02	1.212	\$ 277.84	\$ 117.55
CLINIC	4	21	1,168.20	55.63	.404	292.05	22.47
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	42	4,944.25	117.72	.808	274.68	95.08

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 2,532
03/14/05

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	3	\$ 315.00	\$ 105.00	.058	\$ 105.00	\$ 6.06
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.058	105.00	6.06

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,533
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

579 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	435	1,606	\$ 70,982.88	\$ 44.20	2.774	\$ 163.18	\$ 122.60
@PHYSICIANS SERVICES	41	87	\$ 2,686.33	\$ 30.88	.150	\$ 65.52	\$ 4.64
OUTPATIENT VISITS	25	26	1,166.80	44.88	.045	46.67	2.02
OFFICE VISITS	14	15	640.57	42.70	.026	45.76	1.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	10	493.50	49.35	.017	49.35	.85
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	32.73	32.73	.002	32.73	.06
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	27	947.94	35.11	.047	135.42	1.64
PRINCIPAL SURGEON	5	6	527.07	87.85	.010	105.41	.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	21	420.87	20.04	.036	210.44	.73
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	5.96	1.99	.005	5.96	.01
RADIOLOGY	13	19	312.04	16.42	.033	24.00	.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	1	2	10.00	5.00	.003	10.00	.02
OTHER SERVICES/ALL X-OVERS	6	10	243.59	24.36	.017	40.60	.42
@PHARMACY	211	726	\$ 21,394.74	\$ 29.47	1.254	\$ 101.40	\$ 36.95
PRESCRIPTION DRUGS	209	419	20,756.98	49.54	.724	99.32	35.85
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	209	419	20,756.98	49.54	.724	99.32	35.85
MEDICAL SUPPLIES	5	307	637.76	2.08	.530	127.55	1.10
@DENTIST	14	75	\$ 3,065.00	\$ 40.87	.130	\$ 218.93	\$ 5.29
VISITS - DIAGNOSTIC	13	39	660.00	16.92	.067	50.77	1.14
ORAL SURGERY	5	12	1,156.00	96.33	.021	231.20	2.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.003	100.00	.35
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	22	1,049.00	47.68	.038	174.83	1.81
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

PAGE 2,534 03/14/05

579 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	13	\$ 313.91	\$ 24.15	.022	\$ 62.78	\$.54
DIAGNOSTIC AND ANC. PROCED	5	5	217.38	43.48	.009	43.48	.38
EYE APPLIANCES	3	8	96.53	12.07	.014	32.18	.17
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	3	4	\$	66.88	\$	16.72	.007	\$	22.29	\$	.12
VISITS	3	4		66.88		16.72	.007		22.29		.12
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	24.00	\$	24.00	.002	\$	24.00	\$	.04
MEDICINE/INJECTIONS	1	1		24.00		24.00	.002		24.00		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	2	8	\$	165.74	\$	20.72	.014	\$	82.87	\$	.29
NURSE MIDWIFE	1	3	\$	627.85	\$	209.28	.005	\$	627.85	\$	1.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	85	371	\$	18,201.62	\$	49.06	.641	\$	214.14	\$	31.44
HOSP INPATIENT TOTAL	3	6		6,973.32		1162.22	.010		2324.44		12.04
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	6		6,973.32		1162.22	.010		2324.44		12.04
ACCOMMODATIONS	3	6		4,219.96		703.33	.010		1406.65		7.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	6		4,219.96		703.33	.010		1406.65		7.29
ANCILLARIES	3	0		2,753.36		.00	.000		917.79		4.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	84	365		11,228.30		30.76	.630		133.67		19.39
MEDICAL	40	60		3,235.19		53.92	.104		80.88		5.59
SURGERY	10	11		592.31		53.85	.019		59.23		1.02
PATHOLOGY	29	81		1,046.29		12.92	.140		36.08		1.81
RADIOLOGY	24	34		1,779.89		52.35	.059		74.16		3.07
ROOM USE	54	81		3,127.71		38.61	.140		57.92		5.40
CROSSOVERS/ALL OTH OUTPTNT	31	98		1,446.91		14.76	.169		46.67		2.50
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,535
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	579 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	85	371	\$	18,201.62	\$ 49.06	.641	\$ 214.14	\$ 31.44

COMM HOSP INPATIENT TOTAL	3	6	6,973.32	1162.22	.010	2324.44	12.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	6	6,973.32	1162.22	.010	2324.44	12.04
ACCOMMODATIONS	3	6	4,219.96	703.33	.010	1406.65	7.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6	4,219.96	703.33	.010	1406.65	7.29
ANCILLARIES	3	0	2,753.36	.00	.000	917.79	4.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	84	365	11,228.30	30.76	.630	133.67	19.39
MEDICAL	40	60	3,235.19	53.92	.104	80.88	5.59
SURGERY	10	11	592.31	53.85	.019	59.23	1.02
PATHOLOGY	29	81	1,046.29	12.92	.140	36.08	1.81
RADIOLOGY	24	34	1,779.89	52.35	.059	74.16	3.07
ROOM USE	54	81	3,127.71	38.61	.140	57.92	5.40
CROSSOVERS/ALL OTH OUTPTNT	31	98	1,446.91	14.76	.169	46.67	2.50
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	19	58	592.61	10.22	.100	31.19	1.02
PATHOLOGY	19	58	592.61	10.22	.100	31.19	1.02
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	173	208	23,190.41	111.49	.359	134.05	40.05
CLINIC	1	4	97.74	24.44	.007	97.74	.17
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	172	204	23,092.67	113.20	.352	134.26	39.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 2,536
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38						

----- MONTHLY AVERAGE -----							
579 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	52	653.79	\$ 12.57	.090	\$ 38.46	\$ 1.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	9	86.80	9.64	.016	17.36	.15
PHYSICAL THERAPIST	5	8	153.83	19.23	.014	30.77	.27
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	34	405.15	11.92	.059	67.53	.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.002	8.01	.01
@CALIF. CHILDREN SERVICES*	1	2	\$ 78.12	\$ 39.06	.003	\$ 78.12	\$.13
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,537
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	40	117	\$ 5,639.67	\$ 48.20	2.017	\$ 140.99	\$ 97.24
@PHYSICIANS SERVICES	6	8	\$ 260.01	\$ 32.50	.138	\$ 43.34	\$ 4.48
OUTPATIENT VISITS	4	4	205.90	51.48	.069	51.48	3.55
OFFICE VISITS	4	4	205.90	51.48	.069	51.48	3.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		2.80	2.80	.017	2.80	.05
RADIOLOGY	2	2		34.66	17.33	.034	17.33	.60
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		16.65	16.65	.017	16.65	.29
@PHARMACY	21	56	\$	3,365.31	\$ 60.09	.966	\$ 160.25	\$ 58.02
PRESCRIPTION DRUGS	21	56		3,365.31	60.09	.966	160.25	58.02
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	21	56		3,365.31	60.09	.966	160.25	58.02
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	6	\$	136.00	\$ 22.67	.103	\$ 136.00	\$ 2.34
VISITS - DIAGNOSTIC	1	5		81.00	16.20	.086	81.00	1.40
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		55.00	55.00	.017	55.00	.95
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,538
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	7	\$ 108.29	\$ 15.47	.121	\$ 54.15	\$ 1.87
DIAGNOSTIC AND ANC. PROCED	1	1	22.59	22.59	.017	22.59	.39
EYE APPLIANCES	2	6	85.70	14.28	.103	42.85	1.48
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	6	\$ 100.32	\$ 16.72	.103	\$ 25.08	\$ 1.73
VISITS	4	6	100.32	16.72	.103	25.08	1.73
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	13	\$ 499.30	\$ 38.41	.224	\$ 83.22	\$ 8.61
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	13	499.30	38.41	.224	83.22	8.61
MEDICAL	1	1	64.19	64.19	.017	64.19	1.11
SURGERY	2	2	152.41	76.21	.034	76.21	2.63
PATHOLOGY	1	3	31.38	10.46	.052	31.38	.54
RADIOLOGY	1	1	56.51	56.51	.017	56.51	.97
ROOM USE	2	2	83.98	41.99	.034	41.99	1.45
CROSSOVERS/ALL OTH OUTPTNT	2	4	110.83	27.71	.069	55.42	1.91
@COUNTY HOSPITAL TOTAL	1	1	\$ 20.86	\$ 20.86	.017	\$ 20.86	\$.36
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	20.86	20.86	.017	20.86	.36
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	20.86	20.86	.017	20.86	.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,539

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	5	12	\$ 478.44	\$ 39.87	.207	\$ 95.69	\$ 8.25
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	12	478.44	39.87	.207	95.69	8.25
MEDICAL	1	1	64.19	64.19	.017	64.19	1.11
SURGERY	2	2	152.41	76.21	.034	76.21	2.63
PATHOLOGY	1	3	31.38	10.46	.052	31.38	.54
RADIOLOGY	1	1	56.51	56.51	.017	56.51	.97
ROOM USE	2	2	83.98	41.99	.034	41.99	1.45
CROSSOVERS/ALL OTH OUTPTNT	1	3	89.97	29.99	.052	89.97	1.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	13	\$ 1,113.09	\$ 85.62	.224	\$ 111.31	\$ 19.19
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	13	1,113.09	85.62	.224	111.31	19.19

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	8	\$	57.35	\$ 7.17	.138	\$ 19.12	\$.99
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	8		57.35	7.17	.138	19.12	.99
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	4	\$	107.02	\$ 26.76	.069	\$ 53.51	\$ 1.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,541
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

61 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	40	282	\$ 32,628.58	\$ 115.70	4.623	\$ 815.71	\$ 534.89
@PHYSICIANS SERVICES	4	4	\$ 89.35	\$ 22.34	.066	\$ 22.34	\$ 1.46
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4		89.35	22.34	.066	22.34	1.46
@PHARMACY	27	89	\$	6,706.87	\$ 75.36	1.459	\$ 248.40	\$ 109.95
PRESCRIPTION DRUGS	26	88		6,661.39	75.70	1.443	256.21	109.20
SNF/ICF	10	42		2,988.85	71.16	.689	298.89	49.00
OUTPATIENTS	16	46		3,672.54	79.84	.754	229.53	60.21
MEDICAL SUPPLIES	1	1		45.48	45.48	.016	45.48	.75
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,542
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

61 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 3.24	\$ 3.24	.016	\$ 3.24	\$.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.24	3.24	.016	3.24	.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	11	\$	155.53	\$	14.14	.180	\$	51.84	\$	2.55
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	11		155.53		14.14	.180		51.84		2.55
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	11		155.53		14.14	.180		51.84		2.55
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,543
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

61 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	11	\$ 155.53	\$ 14.14	.180	\$ 51.84	\$ 2.55
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	11	155.53	14.14	.180	51.84	2.55
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	11		155.53	14.14	.180	51.84	2.55
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	9	170	\$	25,428.27	149.58	2.787	2825.36	416.86
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	170		25,428.27	149.58	2.787	2825.36	416.86
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	182.74	60.91	.049	60.91	3.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

61 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	4	\$ 62.58	\$ 15.65	.066	\$ 20.86	\$ 1.03
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.033	26.08	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	36.50	18.25	.033	18.25	.60
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	13	18	\$ 5,589.66	\$ 310.54	.295	\$ 429.97	\$ 91.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13	109	\$ 10,783.06	\$ 98.93	4.955	\$ 829.47	\$ 490.14
@PHYSICIANS SERVICES	3	6	\$ 73.40	\$ 12.23	.273	\$ 24.47	\$ 3.34
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	3	6		73.40	12.23	.273	24.47	3.34	
@PHARMACY	7	40	\$	2,951.61	\$ 73.79	1.818	\$ 421.66	\$ 134.16	
PRESCRIPTION DRUGS	7	40		2,951.61	73.79	1.818	421.66	134.16	
SNF/ICF	3	20		1,530.91	76.55	.909	510.30	69.59	
OUTPATIENTS	4	20		1,420.70	71.04	.909	355.18	64.58	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 2,546
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E								

					----- MONTHLY AVERAGE -----			
22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	1	4	\$	45.06	\$	11.27	.182	\$	45.06
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	1	4		45.06		11.27	.182		45.06
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	1	4		45.06		11.27	.182		45.06
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,547
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	4	\$ 45.06	\$ 11.27	.182	\$ 45.06	\$ 2.05
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	4		45.06	11.27	.182	45.06	2.05
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	4		45.06	11.27	.182	45.06	2.05
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6	51	\$	7,423.74	\$ 145.56	2.318	\$ 1237.29	\$ 337.44
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	51		7,423.74	145.56	2.318	1237.29	337.44
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	206.00	\$ 206.00	.045	\$ 206.00	\$ 9.36
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		206.00	206.00	.045	206.00	9.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,548
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

	22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	7	\$	83.25	\$ 11.89	.318	\$ 27.75	\$ 3.78
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4		31.58	7.90	.182	31.58	1.44
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	1	4		31.58	7.90	.182	31.58	1.44
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	30.00	15.00	.091	30.00	1.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	21.67	21.67	.045	21.67	.99
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	7	8	\$ 1,142.06	\$ 142.76	.364	\$ 163.15	\$ 51.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,549
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	234	2,413	\$ 114,725.62	\$ 47.54	6.452	\$ 490.28	\$ 306.75
@PHYSICIANS SERVICES	35	78	\$ 3,079.10	\$ 39.48	.209	\$ 87.97	\$ 8.23
OUTPATIENT VISITS	8	9	386.30	42.92	.024	48.29	1.03
OFFICE VISITS	6	7	301.18	43.03	.019	50.20	.81

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		85.12	42.56	.005	42.56	.23
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		94.94	47.47	.005	47.47	.25
EXAMINATIONS	2	2		94.94	47.47	.005	47.47	.25
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3		1,275.72	425.24	.008	425.24	3.41
PRINCIPAL SURGEON	3	3		1,275.72	425.24	.008	425.24	3.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	6		196.51	32.75	.016	65.50	.53
RADIOLOGY	9	20		669.65	33.48	.053	74.41	1.79
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	38		455.98	12.00	.102	25.33	1.22
@PHARMACY	141	801	\$	51,341.05	\$ 64.10	2.142	\$ 364.12	\$ 137.28
PRESCRIPTION DRUGS	139	480		49,598.88	103.33	1.283	356.83	132.62
SNF/ICF	6	67		4,401.25	65.69	.179	733.54	11.77
OUTPATIENTS	133	413		45,197.63	109.44	1.104	339.83	120.85
MEDICAL SUPPLIES	9	321		1,742.17	5.43	.858	193.57	4.66
@DENTIST	6	18	\$	443.00	\$ 24.61	.048	\$ 73.83	\$ 1.18
VISITS - DIAGNOSTIC	4	13		290.00	22.31	.035	72.50	.78
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.003	118.00	.32
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	3		.00	.00	.008	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.003	35.00	.09
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,550
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$	64.39	\$ 12.88	.013	\$ 32.20	\$.17
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	2	5		64.39	12.88	.013	32.20	.17
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00

@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.005	\$	33.44	\$	.09
VISITS	1	2		33.44		16.72	.005		33.44		.09
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	44	\$	3,144.16	\$	71.46	.118	\$	1048.05	\$	8.41
NURSE ANESTHESIST	2	5	\$	132.57	\$	26.51	.013	\$	66.29	\$	.35
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	32	197	\$	30,135.83	\$	152.97	.527	\$	941.74	\$	80.58
HOSP INPATIENT TOTAL	3	9		23,078.38		2564.26	.024		7692.79		61.71
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	9		22,202.38		2466.93	.024		11101.19		59.36
ACCOMMODATIONS	2	9		8,339.31		926.59	.024		4169.66		22.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	9		8,339.31		926.59	.024		4169.66		22.30
ANCILLARIES	2	0		13,863.07		.00	.000		6931.54		37.07
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		2.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	31	188		7,057.45		37.54	.503		227.66		18.87
MEDICAL	8	8		390.90		48.86	.021		48.86		1.05
SURGERY	4	7		534.95		76.42	.019		133.74		1.43
PATHOLOGY	12	107		1,424.93		13.32	.286		118.74		3.81
RADIOLOGY	12	18		3,697.21		205.40	.048		308.10		9.89
ROOM USE	14	17		511.04		30.06	.045		36.50		1.37
CROSSOVERS/ALL OTH OUTPTNT	13	31		498.42		16.08	.083		38.34		1.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,551
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32	197	\$	30,135.83	\$ 152.97	.527	\$ 941.74	\$ 80.58

COMM HOSP INPATIENT TOTAL	3	9		23,078.38	2564.26	.024	7692.79	61.71
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	9		22,202.38	2466.93	.024	11101.19	59.36
ACCOMMODATIONS	2	9		8,339.31	926.59	.024	4169.66	22.30
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9		8,339.31	926.59	.024	4169.66	22.30
ANCILLARIES	2	0		13,863.07	.00	.000	6931.54	37.07
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	2.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	188		7,057.45	37.54	.503	227.66	18.87
MEDICAL	8	8		390.90	48.86	.021	48.86	1.05
SURGERY	4	7		534.95	76.42	.019	133.74	1.43
PATHOLOGY	12	107		1,424.93	13.32	.286	118.74	3.81
RADIOLOGY	12	18		3,697.21	205.40	.048	308.10	9.89
ROOM USE	14	17		511.04	30.06	.045	36.50	1.37
CROSSOVERS/ALL OTH OUTPTNT	13	31		498.42	16.08	.083	38.34	1.33
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6	123	\$	14,708.66	\$ 119.58	.329	\$ 2451.44	\$ 39.33
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	123		14,708.66	119.58	.329	2451.44	39.33
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	21	\$	240.10	\$ 11.43	.056	\$ 48.02	\$.64
PATHOLOGY	5	21		240.10	11.43	.056	48.02	.64
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	64	88	\$	8,021.51	\$ 91.15	.235	\$ 125.34	\$ 21.45
CLINIC	1	1		72.97	72.97	.003	72.97	.20
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	63	87		7,948.54	91.36	.233	126.17	21.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,552
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

----- MONTHLY AVERAGE -----								
374 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	34	1,031	\$ 3,381.81	\$ 3.28	2.757	\$ 99.47	\$ 9.04	
DURABLE MED. EQUIP.	1	3	48.21	16.07	.008	48.21	.13	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	10	158	1,294.92	8.20	.422	129.49	3.46	

AMBULANCES/AIR TRANS	4	100	851.30	8.51	.267	212.83	2.28
OTHER TRANS	6	58	443.62	7.65	.155	73.94	1.19
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	12	233.87	19.49	.032	58.47	.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	193.88	38.78	.013	96.94	.52
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	142	1,175.20	8.28	.380	130.58	3.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	711	435.73	.61	1.901	54.47	1.17
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	26	56	1,683.86	30.07	.150	64.76	4.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,553
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	287	2,804	\$ 158,137.26	\$ 56.40	6.136	\$ 551.00	\$ 346.03
@PHYSICIANS SERVICES	42	88	\$ 3,241.85	\$ 36.84	.193	\$ 77.19	\$ 7.09
OUTPATIENT VISITS	8	9	386.30	42.92	.020	48.29	.85
OFFICE VISITS	6	7	301.18	43.03	.015	50.20	.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	85.12	42.56	.004	42.56	.19
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	94.94	47.47	.004	47.47	.21
EXAMINATIONS	2	2	94.94	47.47	.004	47.47	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	1,275.72	425.24	.007	425.24	2.79
PRINCIPAL SURGEON	3	3	1,275.72	425.24	.007	425.24	2.79

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	196.51	32.75	.013	65.50	.43
RADIOLOGY	9	20	669.65	33.48	.044	74.41	1.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	25	48	618.73	12.89	.105	24.75	1.35
@PHARMACY	175	930	\$ 60,999.53	\$ 65.59	2.035	\$ 348.57	\$ 133.48
PRESCRIPTION DRUGS	172	608	59,211.88	97.39	1.330	344.26	129.57
SNF/ICF	19	129	8,921.01	69.16	.282	469.53	19.52
OUTPATIENTS	153	479	50,290.87	104.99	1.048	328.70	110.05
MEDICAL SUPPLIES	10	322	1,787.65	5.55	.705	178.77	3.91
@DENTIST	6	18	\$ 443.00	\$ 24.61	.039	\$ 73.83	\$.97
VISITS - DIAGNOSTIC	4	13	290.00	22.31	.028	72.50	.63
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.002	118.00	.26
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	3	.00	.00	.007	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.002	35.00	.08
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 2,554
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----- MONTHLY AVERAGE -----

457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 64.39	\$ 12.88	.011	\$ 32.20	\$.14
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	5	64.39	12.88	.011	32.20	.14
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.004	\$ 33.44	\$.07
VISITS	1	2	33.44	16.72	.004	33.44	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 3.24	\$ 3.24	.002	\$ 3.24	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.24	3.24	.002	3.24	.01
@HOME HEALTH AGENCY	3	44	\$ 3,144.16	\$ 71.46	.096	\$ 1048.05	\$ 6.88
NURSE ANESTHESIST	2	5	\$ 132.57	\$ 26.51	.011	\$ 66.29	\$.29
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	36	212	\$ 30,336.42	\$ 143.10	.464	\$ 842.68	\$ 66.38
HOSP INPATIENT TOTAL	3	9	23,078.38	2564.26	.020	7692.79	50.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	9	22,202.38	2466.93	.020	11101.19	48.58
ACCOMMODATIONS	2	9	8,339.31	926.59	.020	4169.66	18.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9	8,339.31	926.59	.020	4169.66	18.25
ANCILLARIES	2	0	13,863.07	.00	.000	6931.54	30.33
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	1.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	203	7,258.04	35.75	.444	207.37	15.88
MEDICAL	8	8	390.90	48.86	.018	48.86	.86
SURGERY	4	7	534.95	76.42	.015	133.74	1.17
PATHOLOGY	12	107	1,424.93	13.32	.234	118.74	3.12
RADIOLOGY	12	18	3,697.21	205.40	.039	308.10	8.09
ROOM USE	14	17	511.04	30.06	.037	36.50	1.12
CROSSOVERS/ALL OTH OUTPTNT	17	46	699.01	15.20	.101	41.12	1.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	36	212	\$ 30,336.42	\$ 143.10	.464	\$ 842.68	\$ 66.38
COMM HOSP INPATIENT TOTAL	3	9	23,078.38	2564.26	.020	7692.79	50.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	9	22,202.38	2466.93	.020	11101.19	48.58
ACCOMMODATIONS	2	9	8,339.31	926.59	.020	4169.66	18.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9	8,339.31	926.59	.020	4169.66	18.25
ANCILLARIES	2	0	13,863.07	.00	.000	6931.54	30.33
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	1.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	203	7,258.04	35.75	.444	207.37	15.88
MEDICAL	8	8	390.90	48.86	.018	48.86	.86
SURGERY	4	7	534.95	76.42	.015	133.74	1.17
PATHOLOGY	12	107	1,424.93	13.32	.234	118.74	3.12
RADIOLOGY	12	18	3,697.21	205.40	.039	308.10	8.09
ROOM USE	14	17	511.04	30.06	.037	36.50	1.12
CROSSOVERS/ALL OTH OUTPTNT	17	46	699.01	15.20	.101	41.12	1.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	21	344	\$ 47,560.67	\$ 138.26	.753	\$ 2264.79	\$ 104.07
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21	344	47,560.67	138.26	.753	2264.79	104.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	21	\$ 240.10	\$ 11.43	.046	\$ 48.02	\$.53
PATHOLOGY	5	21	240.10	11.43	.046	48.02	.53
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	68	92	\$ 8,410.25	\$ 91.42	.201	\$ 123.68	\$ 18.40
CLINIC	1	1	72.97	72.97	.002	72.97	.16
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	67	91	8,337.28	91.62	.199	124.44	18.24

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	40	1,042	\$	3,527.64	\$ 3.39	2.280	\$ 88.19	\$ 7.72
DURABLE MED. EQUIP.	1	3		48.21	16.07	.007	48.21	.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	162		1,326.50	8.19	.354	120.59	2.90
AMBULANCES/AIR TRANS	4	100		851.30	8.51	.219	212.83	1.86
OTHER TRANS	7	62		475.20	7.66	.136	67.89	1.04
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	16		289.95	18.12	.035	48.33	.63
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5		193.88	38.78	.011	96.94	.42
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	142		1,175.20	8.28	.311	130.58	2.57
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	714		493.90	.69	1.562	44.90	1.08
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	46	82	\$	8,415.58	\$ 102.63	.179	\$ 182.95	\$ 18.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,557
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	91,786 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	60,045	740,541	\$	27,984,376.35	\$ 37.79	8.068	\$ 466.06	\$ 304.89
@PHYSICIANS SERVICES	10,264	25,962	\$	987,691.92	\$ 38.04	.283	\$ 96.23	\$ 10.76
OUTPATIENT VISITS	3,084	4,117		149,505.79	36.31	.045	48.48	1.63
OFFICE VISITS	2,603	3,427		116,604.43	34.03	.037	44.80	1.27
HOME VISITS	3	3		71.59	23.86	.000	23.86	.00
EMERGENCY ROOM	349	417		22,623.90	54.25	.005	64.82	.25
PREVENTIVE CARE	1	1		34.69	34.69	.000	34.69	.00
OB VISITS/COMPRI PERI	42	118		5,386.28	45.65	.001	128.24	.06
OTHER OUTPATIENT	139	151		4,784.90	31.69	.002	34.42	.05
INPATIENT VISITS	376	1,404		81,191.97	57.83	.015	215.94	.88
HOSPITAL VISITS	335	1,125		50,280.65	44.69	.012	150.09	.55
CRITICAL CARE	44	247		29,646.92	120.03	.003	673.79	.32
SNF/ICF/TRANS IP CARE	25	32		1,264.40	39.51	.000	50.58	.01
OPHTHALMOLOGICAL SERVICES	191	236		9,467.48	40.12	.003	49.57	.10
EXAMINATIONS	191	236		9,467.48	40.12	.003	49.57	.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	330	1,666		166,919.23	100.19	.018	505.82	1.82
PRINCIPAL SURGEON	248	351		137,209.97	390.91	.004	553.27	1.49
ASSISTANT SURGEON	41	40		7,926.05	198.15	.000	193.32	.09
ANESTHESIOLOGIST	82	1,275		21,783.21	17.08	.014	265.65	.24
OUTPATIENT SURGERY	858	1,778		199,190.69	112.03	.019	232.16	2.17
PRINCIPAL SURGEON	809	1,165		186,961.42	160.48	.013	231.10	2.04
ASSISTANT SURGEON	2	2		269.54	134.77	.000	134.77	.00
ANESTHESIOLOGIST	69	611		11,959.73	19.57	.007	173.33	.13
DIALYSIS	20	120		5,549.78	46.25	.001	277.49	.06
PATHOLOGY	831	1,432		25,739.43	17.97	.016	30.97	.28
RADIOLOGY	3,796	5,990		151,098.17	25.23	.065	39.80	1.65
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	305	743		52,691.11	70.92	.008	172.76	.57
OTHER SERVICES/ALL X-OVERS	3,264	8,476		146,338.27	17.27	.092	44.83	1.59
@PHARMACY	35,744	335,810	\$	11,704,428.28	\$ 34.85	3.659	\$ 327.45	\$ 127.52
PRESCRIPTION DRUGS	35,321	124,455		11,477,899.05	92.23	1.356	324.96	125.05
SNF/ICF	731	5,526		397,204.04	71.88	.060	543.37	4.33
OUTPATIENTS	34,624	118,929		11,080,695.01	93.17	1.296	320.03	120.72
MEDICAL SUPPLIES	2,098	211,355		226,529.23	1.07	2.303	107.97	2.47
@DENTIST	1,158	7,138	\$	295,899.31	\$ 41.45	.078	\$ 255.53	\$ 3.22
VISITS - DIAGNOSTIC	864	3,461		56,558.50	16.34	.038	65.46	.62
ORAL SURGERY	291	1,498		91,127.00	60.83	.016	313.15	.99
DRUGS	8	10		75.00	7.50	.000	9.38	.00
ANESTHESIA	103	103		9,800.00	95.15	.001	95.15	.11
PERIODONTICS	10	10		709.00	70.90	.000	70.90	.01
ENDODONTICS	99	218		23,120.00	106.06	.002	233.54	.25
RESTORATIVE DENTISTRY	316	1,218		60,986.25	50.07	.013	192.99	.66
PROSTHETICS	6	6		200.00	33.33	.000	33.33	.00
DENTURES, STAYPLATES	133	240		50,333.56	209.72	.003	378.45	.55
SPACE MAINTAINERS	3	3		320.00	106.67	.000	106.67	.00
MAXILLOFACIAL SERVICES	12	12		500.00	41.67	.000	41.67	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	28	30		1,870.00	62.33	.000	66.79	.02
ALL OTHER SERVICES	50	329		300.00	.91	.004	6.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 2,558
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED							

91,786 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	1,607			4,245	\$	95,044.33	\$	22.39		.046		\$ 59.14	\$	1.04	
DIAGNOSTIC AND ANC. PROCED	989			1,116		43,986.70		39.41		.012		44.48		.48	
EYE APPLIANCES	1,138			3,099		50,006.70		16.14		.034		43.94		.54	
OTHER OPTOMETRIC SERVICES	32			30		1,050.93		35.03		.000		32.84		.01	
@CHIROPRACTOR	529			931	\$	15,234.46	\$	16.36		.010		\$ 28.80	\$	.17	
VISITS	507			894		14,763.76		16.51		.010		29.12		.16	
OTHER SERVICES	23			37		470.70		12.72		.000		20.47		.01	
@PODIATRIST	365			540	\$	11,494.89	\$	21.29		.006		\$ 31.49	\$	.13	
MEDICINE/INJECTIONS	159			190		6,154.87		32.39		.002		38.71		.07	
SURGERY/ANES.	4			5		318.49		63.70		.000		79.62		.00	
RADIO./PATHOLOGY	12			22		378.89		17.22		.000		31.57		.00	
OTHER	205			323		4,642.64		14.37		.004		22.65		.05	
@HOME HEALTH AGENCY	118			909	\$	61,958.16	\$	68.16		.010		\$ 525.07	\$	.68	
NURSE ANESTHESIST	566			3,026	\$	56,786.69	\$	18.77		.033		\$ 100.33	\$	.62	
NURSE MIDWIFE	174			361	\$	61,288.54	\$	169.77		.004		\$ 352.23	\$	.67	
PEDIATRIC NURSE PRACTITIONER	1			1	\$	57.20	\$	57.20		.000		\$ 57.20	\$	.00	

FAMILY NURSE PRACTITIONER	6	6	\$	167.83	\$	27.97	.000	\$	27.97	\$	.00
@TOTAL HOSPITAL	13,032	67,695	\$	8,009,177.34	\$	118.31	.738	\$	614.58	\$	87.26
HOSP INPATIENT TOTAL	956	2,895		5,877,834.91		2030.34	.032		6148.36		64.04
HSC HOSPITALS	57	299		455,240.63		1522.54	.003		7986.68		4.96
NON-HSC HOSPITAL TOTAL	642	2,596		5,198,298.16		2002.43	.028		8097.04		56.63
ACCOMMODATIONS	642	2,596		1,905,842.13		734.15	.028		2968.60		20.76
ADMINISTRATIVE DAYS	3	20		10,501.50		525.08	.000		3500.50		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	641	2,576		1,895,340.63		735.77	.028		2956.85		20.65
ANCILLARIES	642	0		3,292,456.03		.00	.000		5128.44		35.87
INPATIENT CROSSOVERS	264	0		224,296.12		.00	.000		849.61		2.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12,608	64,800		2,131,342.43		32.89	.706		169.05		23.22
MEDICAL	5,432	8,537		553,453.91		64.83	.093		101.89		6.03
SURGERY	1,223	1,588		85,708.33		53.97	.017		70.08		.93
PATHOLOGY	4,679	18,554		228,568.67		12.32	.202		48.85		2.49
RADIOLOGY	4,202	6,130		432,821.33		70.61	.067		103.00		4.72
ROOM USE	6,466	9,963		395,802.04		39.73	.109		61.21		4.31
CROSSOVERS/ALL OTH OUTPTNT	6,405	20,028		434,988.15		21.72	.218		67.91		4.74
@COUNTY HOSPITAL TOTAL	34	141	\$	14,916.14	\$	105.79	.002	\$	438.71	\$	.16
CO HOSPITAL INPATIENT TOTAL	2	8		10,490.00		1311.25	.000		5245.00		.11
HSC HOSPITALS	2	8		10,490.00		1311.25	.000		5245.00		.11
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	33	133		4,426.14		33.28	.001		134.13		.05
MEDICAL	7	8		477.09		59.64	.000		68.16		.01

SURGERY	6	9	306.81	34.09	.000	51.14	.00
PATHOLOGY	9	44	752.70	17.11	.000	83.63	.01
RADIOLOGY	2	5	592.54	118.51	.000	296.27	.01
ROOM USE	14	27	1,468.33	54.38	.000	104.88	.02
CROSSOVERS/ALL OTH OUTPTNT	18	40	828.67	20.72	.000	46.04	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,559
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

91,786 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,001	67,554	\$	7,994,261.20	\$ 118.34	.736	\$ 614.90	\$ 87.10
COMM HOSP INPATIENT TOTAL	954	2,887		5,867,344.91	2032.33	.031	6150.26	63.92
HSC HOSPITALS	55	291		444,750.63	1528.35	.003	8086.38	4.85
NON-HSC HOSPITALS TOTAL	642	2,596		5,198,298.16	2002.43	.028	8097.04	56.63
ACCOMMODATIONS	642	2,596		1,905,842.13	734.15	.028	2968.60	20.76
ADMINISTRATIVE DAYS	3	20		10,501.50	525.08	.000	3500.50	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	641	2,576		1,895,340.63	735.77	.028	2956.85	20.65
ANCILLARIES	642	0		3,292,456.03	.00	.000	5128.44	35.87
INPATIENT CROSSOVERS	264	0		224,296.12	.00	.000	849.61	2.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12,578	64,667		2,126,916.29	32.89	.705	169.10	23.17
MEDICAL	5,425	8,529		552,976.82	64.83	.093	101.93	6.02
SURGERY	1,217	1,579		85,401.52	54.09	.017	70.17	.93
PATHOLOGY	4,672	18,510		227,815.97	12.31	.202	48.76	2.48
RADIOLOGY	4,200	6,125		432,228.79	70.57	.067	102.91	4.71
ROOM USE	6,455	9,936		394,333.71	39.69	.108	61.09	4.30
CROSSOVERS/ALL OTH OUTPTNT	6,389	19,988		434,159.48	21.72	.218	67.95	4.73
@STATE HOSPITAL	5	152	\$	106,678.16	\$ 701.83	.002	\$ 21335.63	\$ 1.16
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	5	152		106,678.16	701.83	.002	21335.63	1.16
@NURSING FACILITY	716	17,840	\$	2,091,103.06	\$ 117.21	.194	\$ 2920.54	\$ 22.78
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	3	104		12,228.28	117.58	.001	4076.09	.13
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	713	17,736		2,078,874.78	117.21	.193	2915.67	22.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	66	652	\$	69,535.66	\$ 106.65	.007	\$ 1053.57	\$.76
HOSPITAL BASED	1	7		279.06	39.87	.000	279.06	.00
HEMODIALYSIS CENTER	65	645		69,256.60	107.37	.007	1065.49	.75
@REHABILITATION FACILITY	71	619	\$	13,259.97	\$ 21.42	.007	\$ 186.76	\$.14
HOSPITAL BASED	68	608		13,030.51	21.43	.007	191.63	.14
INDEPENDENT FACILITY	3	11		229.46	20.86	.000	76.49	.00
@LABORATORY FACILITY	3,568	10,895	\$	150,633.90	\$ 13.83	.119	\$ 42.22	\$ 1.64
PATHOLOGY	3,561	10,867		150,458.44	13.85	.118	42.25	1.64
XO AND OTHERS	7	28		175.46	6.27	.000	25.07	.00
@ORGANIZED OUTPATIENT CLINIC	23,335	34,500	\$	3,269,775.77	\$ 94.78	.376	\$ 140.12	\$ 35.62
CLINIC	106	377		16,356.83	43.39	.004	154.31	.18
SURGICENTER	1	1		8.52	8.52	.000	8.52	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
DEL NORTE COUNTY

23,243 34,122 3,253,410.42 95.35 .372 139.97 35.45
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,560
FEE-FOR-SERVICE/DENTAL 03/14/05
SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	91,786 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS		5,835	229,259	\$ 984,160.88	\$ 4.29	2.498	\$ 168.67	\$ 10.72
DURABLE MED. EQUIP.		279	1,344	110,996.13	82.59	.015	397.84	1.21
BLOOD BANK		0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS		11	11	4,584.70	416.79	.000	416.79	.05
MEDICAL TRANSPORTATION		1,038	125,124	466,248.97	3.73	1.363	449.18	5.08
AMBULANCES/AIR TRANS		838	24,198	242,640.37	10.03	.264	289.55	2.64
OTHER TRANS		146	99,257	148,122.14	1.49	1.081	1014.54	1.61
OTHER SERVICES		136	1,669	75,486.46	45.23	.018	555.05	.82
ACUPUNCTURE		9	22	367.65	16.71	.000	40.85	.00
ADULT DAY HEALTH CARE CTR		19	326	22,669.18	69.54	.004	1193.11	.25
GENETIC DISEASE TESTING		123	123	12,915.00	105.00	.001	105.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP		17	69	10,889.08	157.81	.001	640.53	.12
OCCUPATIONAL THERAPIST		2	18	277.75	15.43	.000	138.88	.00
OPTICIAN		1,278	2,895	30,696.88	10.60	.032	24.02	.33
PHYSICAL THERAPIST		454	3,893	59,420.60	15.26	.042	130.88	.65
PORTABLE X-RAY		2	3	2.00	.67	.000	1.00	.00
PROSTHETIST/ORTHOTISTS		66	169	38,411.02	227.28	.002	581.99	.42
PROSTHETICS		65	168	38,361.07	228.34	.002	590.17	.42
ORTHOTICS		1	1	49.95	49.95	.000	49.95	.00
PSYCHOLOGIST		0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY		124	378	19,513.71	51.62	.004	157.37	.21
HOSPICE SERVICES		2	18	2,204.19	122.46	.000	1102.10	.02
NONINST BIRTHING CENTERS		0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES		879	11,770	110,577.81	9.39	.128	125.80	1.20
EPSDT SUPPLEMENTAL SERVICE		0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.		0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING		0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS		1,807	83,096	94,386.21	1.14	.905	52.23	1.03
@CALIF. CHILDREN SERVICES*		257	3,605	\$ 405,042.89	\$ 112.36	.039	\$ 1576.04	\$ 4.41
@XOVER EXCLUDING STATE HOSP**		4,619	29,853	\$ 638,800.41	\$ 21.40	.325	\$ 138.30	\$ 6.96

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.